

AC.4491(1) SHREWSBURY

Borough of Shrewsbury.



REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1930.

A. D. SYMONS, M.D., D.P.H.

SHREWSBURY :

LIVESEY LIMITED, PRINTERS, ST. JOHN'S HILL.



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BOROUGH OF SHREWSBURY.

THE PUBLIC HEALTH COMMITTEE.

Mr. Alderman ADAMS*† (Chairman).

Mr. Alderman MADDISON.	Mr. Councillor JACKSON.*
„ „ PERKS.*	Councillor Mrs. MURRELL.
Mr. Councillor BROMLEY.*†	Mr. Councillor PLIMMER.
„ „ COLE.	„ „ SMOUT.*†
„ „ GOULDBOURN.	„ „ TIPTON.
	„ „ WOOLLAM (Mayor).

THE MATERNITY AND CHILD WELFARE SUB-COMMITTEE.

Mr. Alderman ADAMS (Chairman).

Mr. Alderman PERKS.	Councillor Mrs. MURRELL.
„ „ WITHERS.	Mr. Councillor PLIMMER.
Mr. Councillor BROMLEY.	„ „ SMOUT.
„ „ COLE.	„ „ WOOLLAM (Mayor).
„ „ JACKSON.	
Mrs. ALLEN.	Rev. Prebendary P. A. E. EMSON.
Mrs. GALE.	D. D. MACPHERSON, Esq.
	Miss THOMPSON.

THE SHREWSBURY and ATCHAM JOINT HOSPITAL BOARD.

Mr. Alderman ADAMS (Chairman).

THE MAYOR (Mr. Councillor WOOLLAM) *ex officio*.

Mr. Alderman DEAKIN.*	Mr. Councillor ELLIS JONES.
Mr. Councillor GOULDBOURN.	„ „ MAJOR.
	Mr. Councillor SMOUT.
S. DALE, Esq.	T. KYNASTON, Esq. (Vice-Chairman).
Col. H. W. LOVETT.	Captain SIR OFFLEY WAKEMAN, Bart.
C. S. FAWCETT, Esq.	J. B. BAKER, Esq.
	A. G. BIRT, Esq.

* Also members of the Housing Acts Committee of which Mr. Alderman DEAKIN is Chairman, together with Mr. Alderman PACE, and Councillors BIRCH, H. C. BROWN, DARLINGTON and MANSELL.

† Members of the Housing Tenancies Sub-Committee of which Mr. Alderman ADAMS is Chairman.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health.	{	†A. D. SYMONS, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.
School Medical Officer.		
Medical Officer for Maternity and Child Welfare.		
Medical Superintendent of Small- pox and Isolation Hospitals.		
Sanitary Inspectors :	{	*† THOMAS SPEAKE, F.S.I.A. † W. LITTLE, C.R.S.I.
Health Visitors :	{	†Miss F. E. BRETT, Cert. S.I. Exam.Bd., Dip. Nat. Health †Miss W. KYD-AITKEN, C.M.B.
Health Visitor and School Nurse		†Miss E. L. HUGHES, C.M.B.
School Nurse :		†Miss M. WILLIAMS.
Matron of Isolation Hospital :		Miss A. K. ELLIS.
Chief Clerk and Laboratory Assistant :		†G. NICHOLAS.
Assistant Clerks :	{	†Miss F. C. PUDDLE. L. G. W. HARDING.
Abattoir Superintendent and Meat Inspector :		*FRANK FARRELL.

PART TIME OFFICERS :

Medical Officer of Ante-Natal Clinic :	R. L. E. DOWNER, M.D., B.S., M.R.C.S., L.R.C.P.
Dental Officer Maternity and Child Welfare :	W. BAILEY SHIELDS, L.D.S.
Sampling Officer :	W. C. HEAS.
Meteorological Observer :	H. A. HOWE.
Public Analysts :	A. BOSTOCK HILL, M.D., D.P.H., F.I.C. W. T. RIGBY, F.I.C.

*Qualified Meat Inspectors.

†Contribution towards salary made under Public Health Acts or
by Exchequer grants.

HEALTH CENTRE,
MURIVANCE,
SHREWSBURY,
May, 1931.

*To the Mayor, Aldermen and Councillors of the
Borough of Shrewsbury.*

MR. MAYOR, COUNCILLOR MRS. MURRELL AND GENTLEMEN,

I have the honour to present to you my annual report on the health of the Borough during the year 1930.

A study of the Vital Statistics for 1930 shows that it may be regarded as a normal year except for a sharp rise in the Infant Mortality Rate, the causes of which are discussed in the body of the Report.

There was a slight reduction of the birth rate which was 16.3 compared with 16.9 in the two previous years respectively. With the exception of one of the war years it is the lowest birth rate so far recorded in Shrewsbury.

The death rate which was 13.2 in 1929 was reduced to 11.3 in the year under review.

The only event of outstanding interest in connection with health that occurred during the year was an outbreak of Acute Arsenical poisoning from the consumption of contaminated sweets, in which approximately 40 persons exhibited symptoms of poisoning.

I desire to take this opportunity of drawing your particular attention to some matters concerning Housing.

Every member of the Town Council is aware of the present shortage of houses and that there is a pressing need for a speedy provision of further houses, more especially seeing that during the last 2 years no houses for the working classes have been built by the Corporation with the exception of a few houses for sale.

At the beginning of the present year you adopted a five year programme of building to provide 500 further houses and when this programme is completed you will be the owners of well over 1,000 Council houses.

It is this ownership that, in the first place, I would once more like to comment upon, because I am of opinion that under present circumstances parts of your valuable property are depreciating through lack of adequate supervision.

It is not sufficient for a Town Council to erect healthy dwelling houses and merely collect the rent.

Many Council house tenants formerly living in bad property owned perhaps by indifferent landlords, are steeped in undesirable habits and have got into a way of not daring to complain about minor disrepairs for fear of being given notice to quit.

The Council should be the ideal landlord, who in the interests of itself as well as its tenants who are a part of the community for which our system of Local Government is responsible, should take all those steps which are necessary to ensure fair play to both sides.

In my Annual Report for 1928 I advocated that "Better management of the Housing Estates is needed to prevent some of the houses at any rate from deteriorating once the newness has disappeared, into whited sepulchres."

Unfortunately this statement is borne out in fact as some recent sanitary inspections have revealed.

What is the remedy? My answer to this question is to quote from my Annual Report for 1927 in which I stated "An effective way would be to appoint a manager, preferably a woman, possessing tact and refinement, whose duty it would be to keep in close touch

with the condition of the houses, the interests, requests or complaints of the tenants, and to report on defects, irregularities or breaches of agreement to an appropriate Committee of the Town Council for their necessary action.

As things are at present, the Surveyor's department is engrossed in the work of building progress, the Sanitary Inspectors of the Health department are busily occupied in dealing with the old and deteriorating property of the Town, and the Rent Collector from the Finance department has little time for duties other than receiving the rent and moreover he has no access to the inside of a house.

And so it is nobody's particular business to keep a constant eye on the property.

Experience throughout the Country is showing that rapid deterioration can take place in the first year, and that defects due to hasty building should be dealt with promptly to avoid serious expense and trouble later on.

Warped wood work, sagging doors, fixed sashes, a displaced roof tile, choked gutters, leaking taps, need of internal decoration, or a broken fence, these are some of the small items which would be noticed by an observant person during constant visits to the property, *which defects might not be reported to the authorities by the tenants until much greater damage had occurred.*

Some of those who have been transferred to a new environment from a bad house to a good house, steeped perhaps in careless habits, have been given an opportunity and ought to accept an obligation, but from lack of help, advice or knowledge they simply import into their new sphere the bad habits acquired in the old.

A woman House Manager as previously suggested is what is required. Preferably she should be closely associated with the Health Department, because during her house to house interviews it is the wife of the household she meets, and therefore she could be invited within without impropriety, could take an interest in the children and so obtain a confidence on all those little but important matters affecting the health and welfare of the whole household.

In course of time she would become the welcome friend and not the prying Inspector, she would be the means of preventing avoidable expense in repairs, and she would improve the standard of health by teaching people to live more wholesomely and hence more happily."

The second matter in connection with Housing I would refer you to, is an unpleasant but an actual state of affairs that ought to be tackled with greater vigour, though I confess that the solution of the problem is by no means easy.

There are still approximately 70 Council houses or 1 in 10 that contain vermin. It is my firm belief that these vermin are carried by certain incoming tenants in their clothing, bedding, furniture or persons and that failure to acquire new standards of cleanliness or to dispose of infested materials perpetuates the nuisance.

A disinfector at which clothing, etc., could be treated prior to transfer to a Council house, would be of considerable assistance, but one could not guarantee that even this method would be absolutely effectual in all cases.

Having referred to the question of uncleanness of certain tenants I come to my third point which is directly connected with this question.

In accordance with the instructions of the Ministry of Health I have had to insert in this report the number of houses in the town which are not fitted with an internal water supply. The number of such houses is estimated to be approximately 360.

It seems to me that in a town such as this with an abundant water supply available, it is an extremely unsatisfactory situation, and offers little encouragement to the tenants of these particular houses to raise their standard of cleanliness.

Water taps situated in yards and serving several houses, cause endless labour in water carrying except when they are frozen up and no water is available !

The law as it stands or is interpreted, cannot compel an owner to lay on water to the *inside* of a house although he can be forced to provide a "proper supply" and apparently this term includes a tap which may be situated in a common yard at a considerable distance from individual houses.

It may be that Shrewsbury in the near future will possess an even better water supply than at present and if and when that comes about it would lessen present discontent, if it were possible by law or otherwise to adopt an "Assisted House Water supply scheme," comparable to the Assisted Wiring Scheme for Electricity, in order to give those unfortunate tenants a better chance to realise that they are not living in 1831 but in 1931, and to live up to the standards of the latter year.

In reading through the proofs of a Health report such as this it often strikes me what a doleful document it must seem to the ordinary individual who is not directly concerned with Deaths, Diseases, Nuisances and Prosecutions, and that the title Health Report is a misnomer.

Perhaps some day Science will devise instruments which will measure Pain, Pleasure, Love, Hatred, and other emotions as well as Radiant Health, and my successors in years to come will be able to place before you the positive side of Health and show you all the benefit and good you have done to the townspeople by your Public service in their interests.

In conclusion I wish to acknowledge the very kind consideration I invariably receive from all those members of your Council with whom I come in contact, and to express my thanks to the various colleagues and officials as well as my Staff for their help and co-operation during the year.

I have the honour to be,

Your obedient Servant,

A. D. SYMONS.

GENERAL STATISTICS, 1930.

Rateable value of the Borough ...	...	...	...	£226,807
Sum represented by a Penny Rate ...	...	...	...	£890
Area of the Borough (excluding water) in acres ...	...	...	...	3,470
Population (Census 1921) ...	...	...	...	31,030
Population (local estimate middle of 1930) {	For Birth Rate	33,000		
	For Death Rate	32,350		
Persons per acre calculated on 1930 population				9.5
Inhabited houses, December, 1930 ...	...	...	...	7,884
Number of families or separate occupiers (Census 1921)				6,995
	MALE. FEMALE.			
Live Births {	Legitimate 265	238	} Total	538
	Illegitimate 25	10		
Birth Rate ...	...	...	...	16.3
Still Births {	Legitimate 7	10	} Total	17
	Illegitimate —	—		
Still Birth Rate per 1,000 total births ...	...	...	...	30.6
Deaths ...	...	...	...	368
Death Rate ...	...	...	...	11.3
Percentage of total deaths occurring in Public Institutions				37.5
Number of women dying in or in consequence of childbirth ...		{ From Sepsis	1	
		{ Other causes	1	
Deaths of infants under 1 year of age per 1,000 births ...		{ Legitimate	75	
		{ Illegitimate	11	
Infant Mortality Rate ...	...	...	...	78
Deaths from Measles (all ages) ...	...	...	...	4
„ „ Whooping Cough (all ages) ...	...	...	...	1
„ „ Diarrhoea (under 2 years of age) ...	...	...	...	4

NATURAL AND SOCIAL CONDITIONS OF THE DISTRICT.

Shrewsbury, the county town of Shropshire is situated in the centre of a fertile district and is surrounded by more or less unbroken country for a radius of ten miles.

The original old town is almost surrounded by the river Severn which makes a horse shoe curve some two miles round.

The river is sufficiently unpolluted and attractive in appearance to encourage the healthy exercises of boating and bathing although as yet there are no organised facilities for the pursuit of the latter pastime.

Despite the fact that playing field accommodation has been increased in recent years, there is still need of further provision in this respect.

The town varies in elevation from 150 feet to 260 feet above sea level.

The subsoil is composed mainly of river drift in the form of sand and gravel of varying thickness.

The climate of Shrewsbury is mild and somewhat enervating, but though under the shadow of the Welsh hills on the west, the rainfall is moderate, amounting on the average to 25 inches per annum.

Industrial works are not numerous, atmospheric pollution not being therefore augmented to any extent from such sources.

Owing to the fact that the town is set in a hollow amid the encircling hills and water vapour from the expanse of river is prevalent, there is a tendency for the smoke emitted from domestic chimneys to hang, with a resultant atmosphere which is by no means as clean as could be desired.

Shrewsbury may be described as a shopping and marketing centre, a centre for trading in farm stock, and an important railway junction.

WEATHER CONDITIONS.

Meteorological observations are taken daily at the official station situated at Monkmoor Isolation Hospital.

The equipment of this station was augmented during the year by the provision of a 1 foot and a 4 foot Earth Thermometers for measuring the Earth Temperature.

A monthly summary of the readings taken is set out in an appended table.

METEOROLOGICAL OBSERVATIONS DURING 1930.

Month.	Barometer Means in Inches.	AIR TEMPERATURE IN SHADE.				HOTTEST DAY IN SUN.	SUNSHINE IN HOURS.			RAINFALL IN INCHES.		
		Mean Maximum.	Highest Maximum and Date.	Mean Minimum.	Lowest Minimum and Date.		Most Sunshine in One Day.	Daily Means.	Total Sunshine.	No. of Rainy Days.	Most in One Day.	Total Rainfall.
January	29.69	48.5°	60° on 19th	35.9°	25° on 16th	92° on 7th	6.2 on 15th, 29th	2.05	63.7	18	.91 on 26th	4.32
February	30.13	41.0°	49° on 28th	31.0°	21° on 17th, 21st	86° on 14th	8.1 on 9th	1.36	38.2	6	.28 on 1st	0.65
March	29.83	48.0°	58° on 26th	34.0°	9° on 20th	108° on 22nd	8.2 on 17th	3.02	93.6	18	.50 on 6th	3.51
April	29.81	53.8°	64° on 24th	40.6°	27° on 22nd	118° on 24th	11.5 on 29th	3.35	100.4	17	.48 on 9th	2.95
May	29.96	60.0°	69° on 27th	43.0°	30° on 1st, 10th	120° on 14th	12.9 on 14th	4.31	133.7	18	.62 on 9th	2.28
June	29.99	69.2°	80° on 6th	49.2°	37° on 26th	132° on 9th	14.1 on 8th	7.65	229.4	13	.65 on 18th	0.98
July	29.89	67.1°	77° on 5th	52.0°	45° on 7th, 13th	132° on 5th	14.9 on 5th	5.05	156.4	21	1.72 on 20th	4.12
August	29.84	68.7°	87° on 27th	52.5°	43° on 3rd	131° on 9th	13.5 on 16th	5.79	179.4	19	.46 on 22nd	2.11
September	29.92	64.4°	74° on 3rd	49.2°	40° on 16th	126° on 8th	9.2 on 2nd	3.73	112.1	16	.72 on 19th	3.13
October	29.81	57.8°	65° on 3rd, 14th, 17th	44.2°	32° on 27th	115° on 14th	8.6 on 12th	3.40	105.3	24	.76 on 3rd	3.76
November	29.83	50.9°	60° on 9th	35.9°	20° on 17th	98° on 8th	6.9 on 4th	2.18	65.3	19	.75 on 1st	3.35
December	29.84	46.2°	55° on 18th	35.6°	20° on 10th	83° on 20th	4.5 on 14th	1.07	33.3	19	.77 on 30th	3.18

The distinguishing feature of the weather of 1930 was its persistent and excessive wetness, the annual rainfall exceeding the normal almost everywhere and sunshine being generally deficient. The average rainfall in Shrewsbury is said to be about 25 inches per annum. During 1930, 34.34 inches were registered, the number of rainy days being 208, January being the wettest month and February the driest.

The wettest day of the year was July 20th, when the rainfall recorded was 1.72 inches, most of this falling in a very short space of time and causing flooding in certain situations owing to the inability of the sewers to cope with the sudden rush of storm water.

The coldest day of the year was March 20th when there were 23 degrees of frost.

The hottest day of the year was August 27th when 87 degrees was registered, whereas July 5th was the sunniest day with 14.9 hours of bright sunshine.

The total hours of bright sunshine for the year was 1,310 hours.

As 1930 was the first complete year in which daily measurements of Sunshine in Shrewsbury were recorded at an officially recognised station it may be of some interest to include a table showing how Shrewsbury's sunshine compares with other localities in the North, Midlands and South respectively.

Some people who take an interest in the weather, occasionally express doubts at the official returns of sunshine published in the press, some saying that seaside resorts claim more than they actually receive, others that more sunshine on a particular day was experienced than was officially recorded.

The truth of the matter is, that the instrument officially used and recognised for measuring bright sunshine is not sensitive enough to measure sunshine that reaches us through haze and morning or evening mist. It will not record sunshine when the sun is at an altitude of 3 degrees or less. In addition the readings published in

the daily press of the previous day's sunshine are taken at 5 p.m. Greenwich Mean Time or 6 p.m. British Summer Time, so that in summer time the daily publications of sunshine returns are less than are actually recorded.

The actual sunshine registered daily is of course totalled for weekly, monthly or annual publications and is accurate as far as the instrument can measure.

For the information of those who may think that sunshine returns may be doctored by certain Health resorts it may be stated that the daily sunshine cards have to be submitted to the Air Ministry for scrutiny, checking and measurement.

It is satisfactory and creditable to Shrewsbury's Meteorological Observer to report that the sunshine cards sent in by him were all accurate and required no amendment.

In the following table are given the total hours of measured sunshine during the year 1930 in certain places, some of which may be of interest to local residents who visit them for holiday purposes.

In the Northern group it is interesting to note how the seaside resorts compare with some of the industrial towns.

The sunshine throughout the country was below the normal.

NUMBER OF HOURS OF BRIGHT SUNSHINE DURING 1930.								
NORTH.			MIDLANDS.			SOUTH.		
Blackpool	...	1336	Birmingham		1223	Bath	...	1454
Bolton	...	1025	Buxton	...	1113	Bognor Regis		1781
Burnley	...	1048	Coventry	...	1249	Bournemouth		1724
Colwyn Bay	...	1376	Leamington	...	1240	Brighton	...	1783
Edinburgh	...	1354	Malvern	...	1374	Eastbourne	...	1839
Harrogate	...	1309	Nottingham	...	1200	Exmouth	...	1526
Huddersfield	...	1081	Newport (Salop)		1246	Guernsey	...	1857
Inverness	...	1251	SHREWSBURY		1310	Jersey	...	1802
Kirkwall	...	1358	Worcester	...	1337	London		
Lancaster	...	1334				(Hampstead)		1381
Llandudno	...	1417				Margate	...	1765
Manchester	...	1032				Newquay	...	1621
Rhyl	...	1411				Oxford	...	1356
Scarborough	...	1340				Scilly	...	1815
Sheffield	...	1215				Southend	...	1657
Southport	...	1417				Tenby	...	1583
York	...	1214				Torquay	...	1750
						Ventnor	...	1867

POPULATION.

The Registrar General who usually supplies an estimate of the local population at the middle of the year has intimated that owing to the taking of the Census his estimate will not be available at the usual time.

In consequence a local estimate has been made which is a figure of 33,000, which includes 650 non civilians, compared with an estimated population on a similar basis of 32,630 in 1929.

It is probable that when the 1931 Census figures are revealed the population as estimated in 1931 will be above 33,000.

The natural increase of population of Shrewsbury deduced from the excess of births over deaths is in the neighbourhood of 200 per annum.

The Registrar General in his yearly estimates gave us that increase and over from 1921-26.

In 1927 he gave us an increase of 20 only and in 1928 he actually reduced the estimated population by 270 which as pointed out in the Annual Report for 1928 was for special purposes in connection with the new block grant system of Exchequer finance.

If therefore from 1926 onwards we had been credited with an approximate annual increase of population of 200, the population in 1930 would be 33,560.

It has been the practice in roughly estimating populations in the past to allow 4.5 persons per inhabited house.

There were 7,884 inhabited houses at December, 1930, and this number of houses multiplied by 4.5 would give a population of 35,478.

Owing, however, to the declining birth rate it is possible that the factor will be 4.25 instead of 4.5 and applying this new factor to the number of inhabited houses mentioned above, a population for 1930 of 33,507 would result and this figure corresponds closely with the figure of 33,560 calculated by other means.

As both of these methods are necessarily crude it would be better to calculate our birth and death rates for the year under review on a population of 33,000 which as stated previously is probably an under estimate.

The following figures show the population as estimated since the census of 1921.

YEAR.			POPULATION.
1921	(Census)	...	31,030
1922	(Estimated)	...	31,240
1923	„	...	31,600
1924	„	...	32,360
1925	„	...	32,530
1926	„	...	32,760
1927	„	...	32,780
1928	„	...	32,510
1929	„	...	32,630
1930	„	...	33,000

VITAL STATISTICS. VITAL STATISTICS OF WHOLE DISTRICT DURING 1930 AND PREVIOUS YEARS.

YEAR.	Population (estimated) each year.		BIRTHS.		TOTAL DEATHS REGISTERED IN THE DISTRICT.		TRANSFERABLE DEATHS.		NETT DEATHS BELONGING TO THE DISTRICT.				
			Un- corrected Number.	Nett.					Under 1 Year of Age.		At all Ages.		
				Number.									Rate.
1920	31268	30964	776	778	405	13.0	81	50	46	65.5	374	12.1	
1921		31030	703	664	423	13.6	98	57	55	82.8	382	12.3	
1922		31240	647	611	436	13.9	87	68	29	47.4	417	13.3	
1923		31600	650	627	469	14.8	103	36	39	62	402	12.7	
1924	32360	31660	679	628	454	14.3	120	42	29	46	376	11.9	
1925	32530	31730	628	579	435	13.7	116	48	45	77.7	367	11.5	
1926	32760	31960	657	588	446	13.9	121	35	37	62.9	360	11.2	
1927	32780	32080	642	598	479	14.9	124	71	26	43	426	13.2	
1928	32510	31870	621	552	467	14.6	142	67	31	56.1	392	12.3	
1929	32630	31990	603	552	492	15.4	163	95	28	50.7	424	13.2	
1930	33000	32530	579	538	412	12.9	131	87	42	78	368	11.3	

BIRTHS.

The total births notified in the Borough during the year amounted to 579 which includes 25 stillbirths.

Deducting the 25 stillbirths as well as those live births which took place in hospitals, Nursing or Maternity Homes in the town, but were assignable to other districts, the net total of live births during the year was 538, compared with 552 in each of the two previous years.

The birth rate comes out at 16.3 per 1,000 population and with the exception of one of the war years is the lowest rate yet recorded.

BIRTH RATES.

				Live Births.	Stillbirths.
England and Wales	...	...	...	16.3	0.69
107 Great Towns (including London)				16.6	0.71
159 Smaller Towns	...	...	...	16.2	0.69
London	...	...	...	15.7	0.56
SHREWSBURY	...	...	...	16.3	0.51

The manner in which the notifications of births were made is shown in the following table.

Doctor.	Doctor and Midwife.	Midwife or Nurse.	Parent.	Registrar.	Total
32	—	539	2	6	579

The 538 live births belonging to Shrewsbury can be analysed as follows :—

		LEGITIMATE.	ILLEGITIMATE.			TOTAL.
Male ...	...	265	25	=	290	} 538
Female	...	238	10	=	248	

Illegitimate Births.

There were 35 illegitimate births compared with 30 in 1929.

The illegitimate birth rate was 1.06 per 1,000 population ; the illegitimate births being a percentage of 6.5 of the total live births.

Stillbirths.

There were 17 stillbirths during the year attributable to Shrewsbury.

The stillbirth rate per 1,000 population was 0.51, the stillbirths being a percentage of 3.0 of the total births.

Of these stillbirths, 7 were males and 10 were females, all being legitimate births.

DEATHS.

There were 412 deaths registered as occurring in the Borough, but after making corrections for deaths of visitors and inhabitants of Shrewsbury dying elsewhere, the net deaths belonging to the town amount to 368 compared to 424 in 1929, giving a death rate of 11.3 per 1,000 persons as compared with 13.2 in 1929.

A comparison between the death rates of the following groups is shown below :—

DEATH RATE, 1930.					
England and Wales	...	...	...	...	11.4
107 Great Towns (including London)	...	...	...	...	11.5
159 Smaller Towns	...	...	...	...	10.5
London	...	...	...	...	11.4
SHREWSBURY	...	...	...	...	11.3

The year 1930 may be regarded as a normal year in that there was no Influenza epidemic or severe climatic conditions both of which usually contribute to an increase in the number of deaths from Respiratory diseases.

Heart disease, which includes people dying of old age gave rise to the greatest number of deaths from an individual cause, with 95 deaths.

Cancer, the next highest individual cause of death, was responsible for 43 deaths compared with 67 in the previous year.

In order to show the age distribution of the deaths the following table dealing with certain combined age groups gives some indication of the age mortality.

AGE GROUPS.	Number of Deaths.	Percentage of total deaths.
Infants under 1 year	... 42	11.4
Children of Pre School age (1 to 5 years) ...	... 8	2.1
School Children (5 to 15 years) ...	6	1.6
Adults (15 to 65 years) ...	129	35.2
65 years and over ...	183	49.7

The 6 deaths among school children were due to the following causes (1) Diphtheria, (2) Tuberculosis, (3) Heart disease (2 cases), (4) Pneumonia, (5) Violence.

CAUSES OF, AND AGES AT DEATH DURING THE
YEAR 1930.

[illegible]

INFANT MORTALITY.

There were 42 deaths of infants under one year of age compared with 28 deaths in 1929, giving an Infant Mortality Rate of 78 per 1,000 live births, compared with 51 in 1929.

This is the highest Infant Mortality rate registered in Shrewsbury since 1921, but this swing back of the pendulum is not of very great significance when the causes of death are investigated.

In a town where numbers are relatively small, one or two extra infant deaths magnifies the Infant Mortality rate.

To illustrate this statement the following instances may be cited.

An infant was found drowned in the river due to infanticide by an unknown person who may or may not have been a resident of Shrewsbury ; another infant died from want of attention at birth ; a set of triplets died a few hours after they were born. In the latter case if the mother had had one child at the birth instead of 3, it would probably have survived.

Here, then, are 5 deaths due to extraordinary circumstances and if they had not occurred the small difference of 5 would have given an Infant Mortality of 68 instead of 78.

In analysing the causes of the 42 Infant deaths it is found that 17 of them died within the first week of life and 25 under one month of age.

The greatest single cause of death was Prematurity, from which 13 infants died. There were only 5 deaths from the same cause in 1929.

The increases from other causes compared with last year were due to Respiratory diseases and Enteritis, 11 infants dying from the former group of diseases and 5 from the latter compared with 7 and 1 respectively in the previous year.

The following table compares the Infant Mortality Rate of Shrewsbury with the rest of the country :—

England and Wales	...	...	...	60
107 Great Towns (including London)	...			64
159 Smaller Towns	...	...	...	55
London	...	...	...	59
SHREWSBURY	...	...	...	78

Infant Mortality during the year 1930.

Net deaths from stated causes at various ages under 1 year of age.

CAUSES OF DEATH.		Under 1 week.	1—2 weeks.	2—3 weeks	3—4 weeks.	Total under 1 month.	1 month and under 3 months.	3 months and under 6 months.	6 months and under 9 months.	9 months and under 12 months.	Total deaths under 1 year.
No. Congenital Causes 16 (Prematurity ... Debility ... Congenital Heart Disease Convulsions ... Atelectasis ... Asphyxia Neonatorum Septic Meningitis Birth Injury ... Miscellaneous 7 Infanticide ... Want of attention at birth ... Pneumonia ... Bronchitis ... Laryngitis ... Measles ... Whooping Cough Acute Enteritis ... Intussusception ...)	11	2	—	—	13	—	—	—	—	—	13
	1	—	—	—	1	—	—	—	—	—	1
	1	—	—	—	—	—	—	—	1	—	2
	1	—	—	—	—	—	—	—	—	—	1
	1	—	—	—	—	—	—	—	—	—	1
	1	—	—	—	—	—	—	—	—	—	1
	1	—	—	—	—	—	—	—	—	—	1
	1	—	—	—	—	—	—	—	—	—	1
	1	—	—	—	—	—	—	—	—	—	1
	1	—	—	—	—	—	—	—	—	—	1
	1	—	—	—	—	—	—	—	—	—	1
	1	—	—	—	—	—	—	—	—	—	1
	1	—	—	—	—	—	—	—	—	—	1
	1	—	—	—	—	—	—	—	—	—	1
	1	—	—	—	—	—	—	—	—	—	1
	1	—	—	—	—	—	—	—	—	—	1
11 Respiratory	—	1	—	—	—	1	—	1	5	1	8
3 Infectious Diseases	—	2	—	—	—	2	—	—	—	—	2
	—	—	—	—	—	—	—	—	1	1	2
	—	—	—	—	—	—	—	—	—	—	1
5 Gastro-Intestinal	—	1	—	—	—	1	1	1	—	1	4
	—	—	—	—	—	—	—	—	—	—	1
	—	—	—	—	—	—	—	—	—	—	1
Totals	42	17	6	2	—	25	1	5	7	4	42

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Hospitals.

(a) The following list shows the Hospital services which are available within or without the area and are used by the inhabitants of the area.

<i>Name.</i>	<i>Situation.</i>	<i>Purpose.</i>	<i>Management.</i>	Total Beds.
Royal Salop Infirmary	*Shrewsbury.	General.	Voluntary.	150
Eye, Ear & Throat Hospital.	„	Eye, Ear, Nose and Throat Diseases.	„	47
Monkmoor Isolation Hospital*	„	Infectious Diseases	Shrewsbury & Atcham Joint Hospital Board	37
Emergency Hospital	„	Smallpox, etc.	Shrewsbury Town Council	6
Shrewsbury & Shrop- hire Refuge & Hostel	„	Unmarried mothers and Illegitimate Infants	Voluntary	10
Berrington Hospital	Cross Houses, nr. Shrewsbury	General	Salop County Council	150
Salop Mental Hospital	Bicton, Nr. Shrewsbury	Mental	Combined Visiting Committee of Salop County Council & Boroughs of Shrews- bury & Wenlock	896
Shropshire Orthopædic Hospital	Nr. Oswestry	Crippling Conditions & Surgical Tuber- culosis	Voluntary	320
Shirlett Sanatorium	Nr. Much Wenlock	Tuberculosis	Voluntary	62
Prees Heath „	Nr. Whitchurch	Tuberculosis	Salop County Council	11

* The proportion in which these two Hospitals are used by residents in the Borough of Shrewsbury are (1) Royal Salop Infirmary 25% of admissions, (2) Monkmoor Isolation Hospital 50% of admissions. Information is not obtainable regarding the remaining institutions.

(b) The following table gives the Hospitals or Institutions with the number of beds available for each sex for the specific services as tabulated.

SERVICE.	HOSPITAL.	Number of beds.	
		Male.	Female.
General Medical	Royal Salop Infirmary	26	26
General Surgical	Berrington Hospital	31	26
	Berrington Hospital		
	Royal Salop Infirmary	40	26
Children	Royal Salop Infirmary		22
	Berrington Hospital		22
Maternity	Royal Salop Infirmary	—	10
	Berrington Hospital	—	13
Venereal Diseases	V.D. Clinic, Shrewsbury	2	2
Tuberculosis	Shirlett Sanatorium		62
	Prees Heath Sanatorium		11
	Berrington Hospital	4	3
Chronic Sick	Berrington Hospital	26	25
Mental	Salop Mental Hospital	436	460
Mental Deficiency	Nil.	—	—
Orthopædic	Shropshire Orthopædic Hospital		320
Eye, Ear, Nose and Throat	Eye, Ear and Throat Hospital		45
Puerperal Fever and Pyrexia	Berrington Hospital	As occasion arises.	
Ophthalmia Neonatorum	Eye, Ear & Throat Hospital	—	2

Ambulance Facilities.

A motor ambulance belonging to the Salop County Council is hired for the transport of infectious cases to the Isolation Hospital.

The same ambulance is used for non-infectious or accident cases.

There is a definite need in this town for an ambulance of its own, and it could be maintained for non-infectious and accident cases only, or be used for infectious cases, other than Smallpox, as well.

A horse drawn ambulance is used occasionally for infectious cases, when the motor ambulance is not available.

Clinics and Treatment Centres.

Name of Clinic.	Place at which held.	Day and Time.	By whom provided.
Maternity & Child Welfare Centre.	Health Centre, Murivance, Shrewsbury.	Thursday and Friday, 2—4 p.m.	Local Authority.
Ante-Natal Clinic	Do.	1st, 2nd & 3rd Wednesdays, 3—5 p.m.	„ „
School Clinic and Minor Ailment Centre	Do.	Daily, 9-15 a.m.	„ „
Cripple Care Centre.	Do.	Wednesday, 9-15 a.m.	Shropshire Orthopaedic Hospital.
Tuberculosis Dispensary.	17, Belmont, Shrewsbury.	Wednesdays and Saturdays, 2 p.m.	Salop County Council.
Venereal Disease Clinic.	1, Belmont, Shrewsbury.	Wednesdays for women, 2—4 p.m. Tuesdays & Fridays for men, 6—8 p.m.	„ „

Nursing in the Home.

(a) GENERAL: The Victoria District Nursing Association employs 2 nurses who carry out nearly the whole of the professional nursing amongst the working classes.

(b) INFECTIOUS DISEASES. Arrangements have been made with the Victoria Nursing Association to provide a nurse for the domiciliary treatment of cases of Puerperal Pyrexia, when the certifying practitioner requests the adoption of this measure.

Nursing help in cases of measles may be given at times by the Health Visitors or School Nurse.

Midwives.

The Salop County Council is the supervising authority of midwives, 12 of whom are resident and practice within the Borough. None are employed or subsidized by the Borough Council.

Application under Section 62 of the Local Government Act, 1929, was made by the Town Council which has an efficient Maternity and Child Welfare Service, that the duty of supervision of Midwives should be delegated by the County Council to the Maternity and Child Welfare Committee of the Town Council. The Minister of Health refused to approve of this delegation.

Maternity and Nursing Homes.

Under present circumstances the Borough Council have not sought delegation of powers from the County Council Sec. 9 (2) of the Nursing Homes Registration Act, 1927, but have arranged with the County Council that the work under this Act as far as it affects Shrewsbury should be carried out by the County Council.

Arrangements for Investigation of Maternal Deaths and cases of Puerperal Fever or Pyrexia.

Maternal Deaths.

As the County Council are the Local Supervising Authority under the Midwives Acts, an arrangement has been entered into between the County Council and the Borough Council, that the former body shall undertake all investigations under this head in the Borough of Shrewsbury.

Puerperal Fever.

In all cases in which the notifying practitioner asks for assistance under either of the four headings set out with regard to Puerperal Fever or Pyrexia on the notification form, he subsequently fills in a questionnaire form supplied by the Health department.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

The dual system of water supply is still in operation, consisting of drinking water supplied by means of self closing water pillars in the streets, and treated river water laid on in houses for general domestic purposes.

Routine bacteriological analyses which have been made of both waters reveal the high degree of purity of the drinking water, and also that, as regards the river water the filtration plant by itself is insufficient to rid the water of those organisms which indicate that sewage contamination may be present.

The subsequent chlorination is however, effective and gives a water which is classed as " good."

As stated in previous reports " preliminary storage in settling tanks and a larger filter plant " would in all probability give a water that was safe.

There is little or no possibility of actual shortage of water in this town even in times of prolonged drought, owing to the nature of the sources of supply ; there is however, owing to the growth of the town outwards, a problem of storage and distribution which is causing some anxiety to the Water Engineer and it is a problem that will have to be settled.

The following table gives the results of the Bacteriological Examinations of the River Water and Drinking Water during 1930.

BACTERIOLOGICAL EXAMINATIONS OF WATER, 1930.

RIVER WATER.										DRINKING WATER.
	April.		June.		September.		December.		June.	
	After filtration.	After filtration and chlorination.	After filtration.	After filtration and chlorination.	After filtration.	After filtration and chlorination.	After filtration.	After filtration and chlorination.		
Organisms per c.c. at 37° C. ...	25	1	10	2	16	0	411	1	0	
Organisms per c.c. at 20° C. ...	83	3	89	12	84	0	498	6	2	
Organisms indicative of sewage contamination.	Coliform Bacilli in 1 c.c.	Absent from 100 c.c.	Coliform Bacilli in 1 c.c. Spores in 100 c.c.	Absent from 100 c.c.	Coliform Bacilli in 1 c.c. No Spores or streptococci in 100 c.c.	Absent from 100 c.c.	Coliform Bacilli in 1 c.c. Spores in 100 c.c., but no streptococci.	Absent from 100 c.c.	Absent from 100 c.c.	

The extreme purity of the Drinking water and the absolute necessity for chlorination of the River water can be gauged from the above figures.

In turbid states of the river such as was the case when the December sample was taken, the present filters cannot cope adequately with the suspended particles and micro-organisms.

Drainage and Sewerage and Closet Accommodation.

There is a water carriage system of sewage disposal whereby the town sewage gravitates to a Sewage Pumping station from which it is pumped to a Sewage Farm situated 2 miles from the centre of the town.

At times, more particularly in humid weather, in the autumn months, the Sewage Farm gives rise to an unpleasant odour which if the wind is in a particular direction pervades an area which is rapidly being developed for housing purposes.

It is probable that this odour can be minimised by some such method as chlorination of the raw sewage and steps in this direction ought to be taken if further houses are to be built in this quarter of the town.

There have, too, been several complaints during the year of a sewage odour which has suddenly appeared from time to time in the centre of the town.

It is not possible as yet to locate the actual source of the nuisance, but it is considered that possibly due to rat holes in some of the old brick sewers in the central part of the town, sewer gas escapes under certain conditions. If this is so, additional ventilating shafts would help to relieve the pressure of gas, though they would not touch the root cause.

There are approximately 53 houses in the town which cannot be connected to the sewerage system owing to their position in relation to the sewers.

During the year there has been an extension of the main sewer along the valley of the Rad Brook from a point 300 yards south of the Hanwood road to a point 400 yards north of the same road.

Scavenging.

There are now 2 motor dust collecting vehicles in use, these having been substituted for the old fashioned horse drawn dust cart.

Dumping of refuse to fill up low lying depressions continues and by covering the refuse with soil under regular supervision, nuisances have been so minimised that complaints are now infrequent.

Rats on the refuse tips are less than formerly owing to the systematic laying of poison baits, and the destruction of potential food for rats, derived from fishmongers', butchers', etc. shops, in the Corporation furnaces at the Waterworks and Sewage Pumping Station.

Sanitary Inspection of the Area.

The following is a summary of the work carried out by the Sanitary Inspectors during the year :—

1.	Total number of inspections and visits made in connection with all branches of their work	13,500*
2.	Visits in connection with disinfection	189
3.	Complaints received and dealt with	184
4.	Informal notices served	411
5.	Legal notices served	18
6.	Prosecutions	1

*Includes 5,302 in special Housing Survey.

The number of houses referred to in the above notices was 734 and the number of notices complied with was 370.

It was found necessary to take proceedings before the Magistrates in one instance affecting 9 houses. The owner agreed to carry out the work and paid costs.

A tabulation of the particulars of the sanitary defects referred to in the above notices is given below :—

**Details of Sanitary Defects dealt with as a result of routine
Inspection or Complaint.**

Choked closets and inadequate sanitary accommodation ...	153
Drains defective and requiring reconstruction	51
Defective roofs, walls, eaves gutters and pipes	206
„ plaster, dirty walls and ceilings	100
„ paving of floors	57
„ „ „ yards	46
No scullery sinks	26
No proper refuse receptacles... ..	368
Animals improperly kept	11
Accumulations of refuse	20
No proper food stores	45
Light and ventilation	42
Water supply	24
Other defects	154
Total ...	1303
Number of houses affected	734

**SANITARY INSPECTION OF FACTORIES, WORKSHOPS
and WORKPLACES.**

1. Factories, Workshops and Workplaces, etc.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions.
FACTORIES (including Factory Laundries)	48	1	Nil.
WORKSHOPS (including Workshop Laundries)	255	2	Nil.
WORKPLACES	40	—	Nil.
Total ...	343	3	Nil.

2. Defects found in Factories, Workshops and Workplaces.

Particulars.	Found.	Remedied.	Referred to H.M. Inspector	Number of Prosecutions.
Nuisances under the Public Health Acts :—				
Want of Cleanliness	37	37	—	—
Want of Ventilation	1	1	—	—
Overcrowding	—	—	—	—
Want of Drainage of Floors	—	—	—	—
Other Nuisances	—	—	—	—
Sanitary Accommodation { insufficient	—	—	—	—
{ unsuitable or				
{ defective	3	3	—	—
{ not separate for sexes	—	—	—	—
Offences under the Factory and Workshop Act :—				
Illegal occupation of underground Bakehouse (Sec. 101)	—	—	—	—
Breach of Special Sanitary requirements for Bakehouses (Secs. 97-100)	—	—	—	—
Other Offences	—	—	—	—
Total	41	41	—	—

3. Home Work.

OUTWORKERS' LISTS, SEC. 107.

Nature of Work.	Lists. (Sent twice a year).	Outworkers.	
		Contrac- tors.	Work- men.
Wearing apparel :—			
(1) Making	4	—	10
(2) Cleaning and washing	—	—	—
Nets other than wire nets	—	—	—
Furniture and upholstery	—	—	—
Total	4	—	10

There were no failures to send lists of outworkers, nor were there any infringements of the Act.

4. The Registered Workshops in the District are as follows :—

Bakehouses	8	Motor and Cycle repairs	16
Boot repairs	12	Milliners	6
Painters	11	Plumbers	8
Cabinet makers	7	Sundry trades ...	49
Dressmakers	8	Tailors	13

5. Other Matters.

Class.	Number.
Matters Notified to H.M. Inspector of Factories ...	—
Failure to fix Abstract of the Factory and Workshop Act (Sec. 133)	—
Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (Sec.5)	<div> <div>Notified by H.M. Inspector</div> <div>1</div> </div>
Underground Bakehouses (Sec. 101) :—	
Certificates granted during the year	nil.
In use at the end of the year	nil.

PREMISES AND OCCUPATIONS WHICH CAN BE CONTROLLED BY BYE-LAWS OR REGULATIONS.

Common Lodging Houses.

There are two registered Common Lodging Houses which are controlled by Bye-laws.

Although one of these houses is the property of the Corporation, the Lodging house keepers are the tenants and manage the premises under the supervision of the Health department.

Houses Let in Lodgings.

No action has yet been taken to adopt bye-laws for Houses Let in Lodgings.

There would be considerable consternation in the town if bye-laws were in existence and were enforced at the present juncture for the reason that owing to shortage of houses, many families are living under extremely unhealthy conditions in rooms and if, to comply with bye-laws they were forced to vacate their lodgings, they would have considerable difficulty in finding suitable accommodation elsewhere.

It is considered un-English to hit a man when he is down, but there must be a very alien spirit in those unscrupulous profiteers who charge exorbitant rents to unsatisfied house seekers for inadequate and unwholesome accommodation. One might almost think that inland Shrewsbury had been invaded by seaside landladies, though to do some justice to this group of individuals it must be remembered that their summer profits help to maintain them during the winter months. Shrewsbury's "seaside landladies" appear to be of the perennial nature rather than hardy annuals!

Offensive Trades.

Six different types of offensive trade are carried on in the Borough and the following number of premises in the different trades are registered.

Fried Fish Shops	...	16	Fellmongers	...	1
Rag and Bone Dealers	...	3	Tanners	...	1
Tripe Boilers and Gut			Curriers and leather		
Scrapers	...	2	Dressers	...	1

All these businesses were conducted satisfactorily and no need for action arose during the year.

Cowkeepers and Milksellers.

The number of Cowkeepers and Milksellers registered in the Borough is 100.

These consist of 22 premises where cows are kept and from which milk is retailed, 25 milkshops from which milk is retailed but no cows kept and 53 retailers whose premises are outside the Borough.

No gross infringements of the Milk and Dairies Order 1926, were encountered, but 38 verbal or written notices relating to minor defects were given, 32 of which were complied with before the end of the year.

The work done by the Sanitary Inspectors in connection with Cowsheds, Dairies and Milkshops can be summarised as follows :—

Number of Inspections during the year	...	...	126
Notices verbal or written	...	...	38
Defects referred to	...	...	48
Notices complied with	...	...	32
Proceedings before Magistrates	...	...	Nil.
Samples of milk taken for Bacteriological examination			27
„ „ „ „ „ Dirt sediment test		...	13

Canal Boats.

No boats are registered in the Borough and none were seen on the Canal in the course of the year.

Shops Acts.

The provisions of these Acts may be said to be generally very well observed. There are a few small general shops in the poorer quarters of the town where certain sections of the Act are not strictly enforced.

Rag Flock Acts 1911—1928.

No Rag Flock is manufactured in Shrewsbury. It has not been ascertained either that any Rag Flock is used by upholstery firms in the town.

Schools.

A systematic sanitary survey of all the Elementary schools is made each year during the Whitsuntide holidays, so that necessary repairs, decorations or alterations can be executed in August when all schools are closed for the month.

Full details of school Hygiene and the work of the School Medical service are set out in the annual report of the School Medical Officer to the Education Committee.

RIVERS AND STREAMS.

While there is no gross pollution of the River Severn which runs through the town, there is an intermittent and unsightly nuisance caused by oil which spreads out on the surface of the water.

Attempts have been made during the year to locate the sources of this pollution and at least two were discovered, and were found to be caused by surface water drains which discharge direct into the river instead of into the sewerage system.

SMOKE ABATEMENT.

Although it is a well established fact that the main pollution of the atmosphere is due to the domestic chimney, against which no action can be taken in the present state of the law, there are a certain number of industrial chimneys which at times emit an unnecessary amount of smoke.

Observations have been made at intervals and warning letters sent when the amount of black smoke observed was excessive.

The Corporation might set an example by taking some such radical steps as the fitting of a smoke prevention appliance to the boilers at the Public Baths owing to the fact that this building is situated between the Quarry on the one hand and residential property on the other and complaints about the smoke nuisance have been received during the year.

The greatest concentration of smoke nuisance is experienced in the neighbourhood of the Railway Engine sheds, where atmospheric pollution at times is gross.

HOUSING.**Housing Statistics.**

Number of New Houses erected during the year :—

(a) Total (including numbers given separately under (b)	83
(i) By the Local Authority	Nil.*
(ii) By other Local Authorities	Nil.
(iii) By other bodies or persons	83
(b) With State assistance under the Housing Acts :—	
(i) By the Local Authority	Nil.
(a) For the purpose of Part II. of the Act of 1925	Nil.
(b) For the purpose of Part III. of the Act of 1925	Nil.
(c) For other purposes	Nil.
(ii) By other bodies or persons	Nil.

*Ten houses for sale and ten non-subsidy houses for letting at economic rents were in course of construction during the year, but were not completed at the end of the year.

1. Inspection of Dwelling-houses during the year.

(1) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	754
Number of inspections made... ..	6340
(2) Number of dwelling houses (included under sub- head (1) above) which were inspected and re- corded under the Housing Consolidated Regu- lations, 1925	90
Number of inspections made	630

- (3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation ... Nil.
- (4) Number of dwelling-houses (exclusive of those referred to under the preceeding sub-head) found not to be in all respects reasonably fit for human habitation ... 734

2. Remedy of Defects during the year without Service of formal Notices :—

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... 692

3. Action under Statutory Powers during the Year :—

A.—Proceedings under Section 3 of the Housing Act, 1925.

- (1) Number of dwelling-houses in respect of which notices were served requiring repairs ... Nil.
- (2) Number of dwelling-houses which were rendered fit after service of formal notices :—
- (a) By owners ... Nil.
- (b) By Local Authority in default of Owners... Nil.
- (3) Number of dwelling-houses in respect of which Closing Orders became operative in pursuance of declarations by owners of intention to close ... Nil.

B.—Proceedings under Public Health Acts :—

- (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... 18
- (2) Number of dwelling-houses in which defects were remedied after service of formal notices :—
- (a) By owners ... 18
- (b) By Local Authority in default of owners Nil.

C.—Proceedings under Sections 11, 14 and 15 of the Housing Act, 1925.

(1) Number of representations made with a view to the making of Closing Orders	...	...	...	Nil.
(2) Number of dwelling-houses in respect of which Closing Orders were made	...	...	...	Nil.
(3) Number of dwelling-houses in respect of which Closing Orders were determined, the dwelling-houses having been rendered fit...	...	...	...	Nil.
(4) Number of dwelling-houses in respect of which Demolition Orders were made	...	...	...	Nil.
(5) Number of dwelling-houses demolished in pursuance of Demolition Orders...	...	...	...	Nil.

D.—Proceedings under Section 19 of the Housing Act, 1930.

(1) Number of dwelling-houses in respect of which a Demolition Order was considered...	...	...	...	1
(2) Number of dwelling-houses in respect of which a Demolition Order was made	...	...	...	Nil.
(3) Number of dwelling-houses in respect of which an undertaking as to the future user of the house was accepted	...	...	...	1

4. Number of Houses erected and owned by the Local Authority 686

These 686 houses have been erected as follows :—

Under the Housing of the Working Classes Act, 1890	63
„ „ „ (Assisted Schemes) Act 1919	234
„ „ „ Act, 1923	187
„ „ „ „ 1924	202

Number of Houses built during the last two years :—

Number of Houses built and held under Part III. of the Housing Act 1925	
in 1929	16
„ „ „ „ „ „ „ Part III. of the Housing Act, 1925	
in 1930	Nil.

Number of Houses built and held under Part II. of the							Housing Act, 1925		
							in 1929	...	Nil.
„	„	„	„	„	„	„	Part II. of the		
							Housing Act, 1925		
							in 1930	... ..	Nil.
„	„	„	„	„	„	„	Other Powers in 1929		Nil.
„	„	„	„	„	„	„	„	„	„ 1930 Nil.

Housing Conditions.

Sufficiency and Supply of Houses and Overcrowding.

With the coming into force of the Housing Act, 1930, Section 25 (2) of which requires the Council to submit a programme of building for the next five years, a survey of 6203 working class houses in the town was made in September to ascertain the actual demand for new houses. In this number were 686 Council houses which were specifically included to find out the extent of sub-letting and overcrowding.

An analysis of the data obtained from this Housing Survey revealed the degree of the present shortage and is regarded as an accurate assessment for the demand for further houses.

Houses are needed to satisfy the following requirements :—

(a) To re-house families which owing to their size or sex and age constitution are overcrowded in their present houses, (b) to re-house families who are in apartments and causing overcrowding, (c) to re-house families who are in apartments or in houses that do not conform to a standard of fitness, but in which there is no overcrowding, (d) to re-house families living in houses which are on the condemned list as unfit for human habitation.

To arrive at figures which will indicate the needs of the first 2 groups it is first of all necessary to decide as to what constitutes overcrowding and the following basis was adopted during the Survey.

A house was classed as overcrowded unless it satisfied the following conditions.

1. Not more than $2\frac{1}{2}$ persons per bedroom, a child under 10 being counted as half a person.
2. Such accommodation that the parents should be able to occupy one bedroom, and that otherwise the sexes should be properly separated as regards persons over 10 years of age.

Analysing the figures obtained from the survey on the above basis, an estimate of the Ordinary Housing Needs was obtained, the needs for Slum Clearance purposes being analysed separately.

Ordinary Housing Needs.

The subjoined table, shows the demand for houses in the various wards or groups of wards in the town.

WARD.	Group A. Houses over- crowded owing to size, etc. of family.	Group B. Houses over- crowded owing to lodgers.	Group C. Houses desired by families in rooms, etc., though no present over- Crowding.
Abbey	36	11	34
Belle Vue, Kings- land & Coleham	16	17	31
Welsh	36	4	11
Coton Hill ...	18	13	34
Ditherington ...	71	15	32
Castle Fields ...	59	17	25
Castle, Stone and Quarry	8	4	29
	244	81	196
			277

The sum total of groups A, B and C is thus 521.

On theoretical grounds it is legitimate to surmise that if every group A house was vacated, some families from groups B and C could move into them, seeing that none of these 244 houses are slum houses and only 18 of them are what are considered to be borderline slum houses. In actual practice, however, experience has shown that this moving up does not seem to occur to any appreciable extent according to calculations.

It has to be remembered that though neither groups A, B or C are slum houses, many of them are small, old fashioned and not up to the standard of fitness which modern public opinion expects, so that it cannot be hoped that the satisfying of the demands of Group A will automatically cancel out Groups B and C, but some allowance should be made.

It was found that of the 244 group A houses, no less than 233 were either one or two bedroomed houses. In addition many of them were without modern conveniences, such as a proper scullery, larder, sink or bathroom.

In groups B and C of the 277 families, 220 were married couples in rooms either with no children or with one or two small children. It was estimated that 200 of these families might move from their present lodgings into vacated Group A houses if only as a temporary halting place, which would be preferable to lodgings ; the remaining 77 owing to the size of their families being re-housed direct into Council houses.

Working on these suppositions the net requirements of new houses would be $244 + (277 - 200) = 321$.

To this number of 321 new houses must be added the current annual requirements during the next five years necessitated by increase of population.

On the basis of 4.5 persons per house and an annual increase of population of 200, the number of houses required per annum would be 44 or 220 during the five year period. If it is assumed that 75% of these should be houses for the working classes, the number required would be 165. This number added to the present net requirement of 321 gives a grand total of 486.

No allowance was made for possible requirements of those districts which may be added to the Borough in the event of extension of the boundaries taking place.

Slum Clearance Needs.

In 1927 a survey of the slum property of the town was made when it was ascertained that there were 420 houses which were not in all respects fit for human habitation.

These 420 houses were sub-divided into 2 groups of 252 and 168. The group of 252 houses were scheduled as in need of closure. The group of 168 houses owing to their situation as regards light and ventilation as compared with the former group were considered to be less urgently in need of closure and were classified as borderline houses.

At the time of the present survey the situation was that as 70 of the 252 slum houses in need of closure had actually been closed during the period 1927-1930, there remained 182 houses to be dealt with.

These 182 houses were again specially surveyed for the purpose of finding out the size and economic circumstances of the families in order to arrive at a decision as to how many families or persons if re-housed could afford the rent of a Council house or would require rent relief.

In passing it may be stated that the 168 borderline houses were surveyed for the Ordinary Housing needs purposes.

It was found that of the 182 slum houses containing 185 families, there were 23 houses occupied by aged couples or old age pensioners, whose cottages were more or less isolated in the sense that they were not situated in a row or group of slum houses. As it was not considered necessary or desirable to dislodge such persons at their time of life they were omitted from the number of those who would have to be re-housed if demolition of groups of slum houses should take place.

Consequently it was calculated that 185 — 23 families, *i.e.*, 162 families would need to be re-housed under slum clearance needs.

Thus, the housing needs of the moment may be summarised as follows :—

1. Estimated number of houses required for Ordinary Housing Needs	...	...	...	...	321
2. Estimated number of houses required for Slum Clearance Purposes	...	...	...	...	162
					<hr/>
				Total	483
					<hr/>

If in this total of 483 new houses had been included the 200 families at present in rooms whom it is considered may be able to move up into vacated houses, and the 23 aged couples in isolated slum cottages, the grand total would have been 706.

As this report deals only with present circumstances, the 165 houses estimated as being required during the next five years to meet natural annual increase of population have not been included in either of the above totals.

This survey which brought to light many interesting facts should help to frame future policy as to the types of houses that should be built to prevent a repetition of the present situation.

For instance, it is somewhat clear that there is more than a sufficiency of one or two bedroomed houses in this town, seeing that 233 of the 244 families in houses required re-housing owing to the fact that a third bedroom was essential, for the proper separation of the sexes.

It is true, that with the present day practice of family limitation, which practice is more likely to increase rather than diminish in the near future, it might be thought that a two bedroomed house would be sufficient to meet ordinary requirements.

If a married couple have only two children of opposite sexes, three bedrooms are desirable as soon as those children reach the age of 10 or thereabouts.

A third bedroom is always useful and available in cases of confinement, sickness, infections which should be isolated, as well as for children, relations or friends who may invade the house at holiday times.

A three bedroomed Council house should be considered the normal standard for this town, though here and there a few two bed-roomed houses might be erected in the different Housing Estates for old persons or special cases.

There is yet, however, a further need when considering the erection of houses and that is that a small proportion of 4 bedroomed houses should be built to cater for the larger families.

The survey showed that there were 44 families whose size necessitates a four bedroomed house.

In normal times there are many people living in lodgings, but the survey revealed what is abnormal in that 229 young married couples are starting their married life in rooms. In rooms, they cannot have children and live in comfort, or at peace with the landlady, and if this sort of life continues too long in the early years of married life, there may be less desire to produce children later on when once the parents have got into the habit of living only for themselves.

Fitness of Houses.

(a) Difficulties found in action under the Public Health Acts or under Section 3 of the Housing Act, 1925.

There are no definite legal powers to secure separate sanitary accommodation for dwellings that are in other respects satisfactory, and have adequate space for its provision.

The same difficulty is encountered regarding the provision of internal water supplies to houses.

(b) Special measures taken or suggested in regard to arrangements for the gradual carrying out of programmes of repair.

Arrangements have been made with certain owners to set aside a certain sum of money annually for the purpose of gradual repair of blocks of house property owned by them, and to carry out such repairs and in such order as is suggested in co-operation with the Sanitary Inspector.

(c) Extent to which houses have not an internal water supply.

It is estimated that there are 360 houses in the town in which (though water may be available near by), it is not laid on in the houses themselves.

There appear to be only 2 houses which obtain their water from sources other than the public supply, and which is not laid on in the houses.

(d) Extent to which houses have no water closet or other adequate sanitary accommodation within their own curtilage.

It is estimated that there are 450 houses unprovided with separate closet accommodation within their own curtilage.

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

The steps taken by the Health department to supervise the milk supplied to the general public come under two main heads, (1) the inspection of premises within the Borough at which milk is produced or retailed, (2) the taking of samples of milk for analysis, whether that milk is produced within or outside the town.

On the whole the premises which are inspected from time to time are satisfactory and comply with the requirements of the Milk and Dairies Order, 1926.

During the year 73 samples of milk were taken at intervals for analysis.

Of this number, 48 were submitted for analysis under the Food and Drugs Acts, whereas 25 were taken for Bacteriological examination to detect the presence of Tubercle Bacilli.

The results of the chemical analyses under the Food and Drugs Acts are set out in the following table.

FOOD AND DRUGS ACTS—ANALYSES OF MILK SAMPLES.

Number of Samples.		Result of Analysis.	Remarks on Samples returned as "Not genuine."
Formal	Informal.		
36	12	Formal { 34 genuine 2 not genuine	1. Deficient of 20% of Fat. This milk was purchased by vendor from source other than his usual supply. Cautionary letter sent. 2. Contained 10% of added water. Vendor prosecuted. Case dismissed on plea of appeal case Hunt v. Richardson.
		Informal { 10 genuine 2 not genuine	3. Non-fatty solids 8.3%. No action taken. 4. Deficient of 6% of fat. Vendor kept under observation.

Examination of Milk Samples for Tubercle Bacilli.

Of the 25 samples submitted, 24 were negative and 1 was positive.

The herd of 38 cows from which this infected milk was derived was inspected and 2 cows were discovered to be suffering from Tuberculosis. They were both slaughtered under the Tuberculosis Order.

Milk (Special Designations Order) 1923.

No licences or supplementary licences were applied for or granted during the year.

“ Certified ” milk is on sale in the town and is supplied for patients at the Royal Salop Infirmary, Eye, Ear and Throat Hospital, and Isolation Hospital among other Institutions.

There has been an increase during the year of ordinary fresh milk sold in bottles as well as sterilised bottled milk.

Owing to the unintelligible nomenclature adopted under the Milk (Special Designations) Order of 1923, the man in the street does not know one brand of milk from another.

Bottled milk is considered to be better milk by most people and although it is true that by being bottled it runs less risk of contamination in the process of retailing, there is no guarantee with ordinary milk that is bottled, that the milk so sold is not contaminated with dung from the cowshed or with Tubercle Bacilli from an infected cow.

Because sterilised milk has good keeping properties it does not follow that it is in all respects the most suitable form of milk for infants.

The public are perplexed. They are told that milk is an excellent food and that more of it should be consumed ; they also hear that milk can be dangerous owing to contamination ; they hear of dried milk, condensed milk, skimmed milk, pasteurised milk, sterilised milk, certified milk, Grade A Tuberculin tested milk, Grade A milk and what is locally termed New milk, and they become so muddled and confused that they cease to bother their heads about it and purchase that which takes their fancy or is most convenient.

Public Health (Condensed Milk) Regulations, 1923 and 1927.

Two samples of condensed milk were taken and were found to comply with the above regulations.

Public Health (Dried Milk) Regulations, 1923 and 1927.

No action was taken.

Artificial Cream Act, 1929.

No action was taken.

Meat.

With the exception of two small private slaughterhouses all slaughtering is carried on at the Public Abattoir under the direct supervision of the whole time superintendent who is a qualified Meat Inspector and inspects all slaughtered animals.

The increased lairage accommodation which is so badly needed has not yet been provided.

The work carried out at the Abattoir during the year was as follows :—

Public Abattoir.

Animals slaughtered.

Beasts	...	...	...	3,199
Calves	...	...	...	1,089
Sheep and lambs			...	14,203
Pigs	...	...	...	6,647
Total				25,138

The following casualty carcasses were also brought in for inspection.

Beasts	...	...	...	20
Calves	...	...	...	18
Sheep and lambs	...	...	...	190
Pigs	...	...	...	130
Total				358

Diseased and unsound conditions found in the animals dealt with, caused the detention and surrender for destruction of a total weight in carcasses and offal of 9 tons, 15 cwts., 25 lbs., details of which are given in the following table.

Abattoir :				Carcasses.	Offals.	Total in lbs.
Beef	...	...	lbs.	6626	4157	10783
Veal	...	...	„	360	99	459
Mutton and Lamb	...	...	„	2383	555	2938
Pork	...	...	„	5320	1378	6698
Private slaughterhouses :						
Beef	...	...	„	502	107	609
Shops :						
Beef	...	...	„	228	—	228
Mutton and Lamb	...	...	„	50	—	50
Pork	...	...	„	100	—	100

Particulars of the diseased conditions found are set out in the following table :—

				<i>Cattle.</i>	<i>Calves.</i>	<i>Sheep and Lambs.</i>	<i>Pigs.</i>
Tuberculosis	Localised	...		28	—	—	134
	Generalised	...		6	—	—	19
Uræmia	...	...	...	1	—	2	—
Black Quarter	...	...	...	4	—	—	—
Sepsis	...	...	...	2	1	11	4
Pyæmia	...	...	...	1	—	1	—
Hydræmia	...	...	...	—	—	2	—
Fevered	...	...	...	—	2	7	—
Sapraemic Metritis	...	...	...	—	—	1	—
Septic Arthritis	...	...	...	—	—	1	—
Septic Mammitis	...	...	...	—	—	2	—
Scour Fever	...	...	...	—	2	—	—
Swine Erysipelas	...	...	...	—	—	—	5
Swine Fever	...	...	...	—	—	—	1
Johne's Disease	...	...	...	2	—	—	—
Emaciation	...	...	...	—	—	—	2
Enteritis	...	...	...	—	—	—	1
Anæmia	...	...	...	—	—	1	—
Jaundice	...	...	...	—	—	1	—
Miscellaneous Conditions	...	...	...	1	3	18	1

Other Foods.

Shops where food is sold or premises on which food is prepared for sale, as well as the General Market are visited regularly, and notices drawing attention to defects have been served.

Food and Drugs (Adulteration) Act 1928 and Public Health (Preservatives, etc., in Food) Regulations 1925 to 1927.

Under the above Acts or Regulations 52 samples of various foodstuffs were submitted for analysis the results of which are set out in the following table.

Food and Drugs Act, etc., Analysis of Foodstuffs.

Article.	Number of Samples.		Result of Analysis.	Remarks.
	Formal.	Informal.		
Butter	6	—	All genuine	Moisture : 13.5%, 14.7%, 12.3%, 11.5% 11.7%, 12.5. %
Cheese	6	1	„ „	
Cream	1	5	„ „	Fat content : 68%, 61%, 50%, 45%, 49%, 58%.
Coffee	1	1	„ „	
Lard	4	—	„ „	
Mincemeat	—	4	„ „	
Sausage	7	1	„ „	Preservatives absent in 7 formal samples. Informal sample contained sulphur dioxide 40 parts per million.
Self-Raising Flour	4	—	„ „	
Seed Tapioca	1	—	„ „	
Tapioca	3	—	„ „	
Tea	—	3	„ „	
Vinegar	4	—	„ „	

Foodstuffs unfit for Human consumption seized or surrendered.

A most unusual event took place in September when it was ascertained that there were on sale in the town some sweets heavily contaminated with Arsenic and as such a state of affairs is so rare and is unlikely to recur, it is deserving of being placed on record in some detail.

At the begining of September the daily press announced that there had been several children poisoned at Stoke-on-Trent from eating sweets which proved on analysis to be grossly contaminated with Arsenic.

No information was received in Shrewsbury that any such sweets from the same source might be on sale in this town.

On the evening of September 11th, the Health Department received a message from the Borough Police that they had been informed by a man who kept a small sweet shop at Ditherington that he possessed some treacle toffee which on consumption had made him feel ill and having read in the papers about the sweet poisoning at Stoke-on-Trent he was suspicious. He promised verbally to stop the sale of this toffee at once until the matter had been investigated by the Health Department.

Early the next day this shop was visited when the following facts were elicited.

He had taken delivery of this bottle of Treacle Toffee from a traveller for a firm of wholesale distributors in the Potteries on September 3rd, and sold some of it in small amounts the next and on subsequent days. The persons who ate this toffee all complained of illness and vomiting.

The affected persons, ten in number, were interviewed individually and from the symptoms described it was suspected that the toffee contained some irritant poison and in view of the origin of it, that the poison was Arsenic.

The bottle of toffee was seized immediately and a portion submitted to the Borough Analyst for examination.

As it was possible that there were other bottles on sale in the town it was decided to telephone to the authorities at Stoke-on-Trent to ask for the names of the manufacturers or wholesalers of sweets likely to be likewise contaminated, so that by a comb out of all sweet shops in Shrewsbury, identification could be secured.

The requisite information was received during the course of the day.

A circular letter was sent to all medical practitioners warning them to be on the look out for cases of acute arsenical poisoning.

During the late afternoon and evening of the same day your Medical Officer of Health, Sanitary Inspectors and Chief Clerk of the Health department visited all sweet shops in the town.

As a result of this survey, the sale of certain bottles of sweets was stopped in 10 shops, owing to the uncertainty of their source and pending further investigations.

Subsequent enquiries, coupled with analysis of the contents of certain bottles, led to the restriction being lifted in all except one shop, situated in Frankwell.

This bottle of sweets which were called Butter Drops had been ordered to be removed from sale, as suspect on the evening of September 12th.

On September 13th the Borough Police again informed the Health department that they had received a complaint that two girls had been taken violently ill after eating Butter Drops purchased from this shop on September 7th.

The bottle of Butter Drops was then immediately confiscated and a portion of its contents submitted for analysis.

By enquiries and visits in the Frankwell and other districts it was ascertained that 27 persons had exhibited symptoms of poisoning after eating these Butter Drops.

In due course, the Borough Analyst reported that both the Treacle Toffee and the Butter Drops contained Arsenic, the amount of Arsenic in the Treacle Toffee being 15 grains per lb. (approximately 1 grain per ounce) whereas in the Butter Drops the amount of Arsenic was 27 grains per lb. (approximately 2 grains per ounce).

The recognised fatal dose of Arsenic is about 2 grains, so that 2 ounces of Treacle Toffee or 1 ounce of Butter Drops would contain a fatal dose of Arsenic.

From the toxicological point of view it is interesting to record that there were no deaths.

From time to time one reads of murder cases in which Arsenic has been employed by the murderer to kill his or her victim, but in

such cases the doses employed are probably smaller and are repeated so that gradual absorption and accumulation occur. In these cases of sweet poisoning the dose was relatively so large that the stomach rejected it before there was time for absorption or chronic poisoning.

The symptoms of those who consumed the Butter Drops were more severe than those who ate the Treacle Toffee, not only because the Butter Drops were more heavily contaminated with Arsenic but also, in that the individual sweets being smaller in size, they were swallowed more easily than jagged lumps of toffee. In many cases the Treacle toffee having a bitter taste was spat out.

The following list shows the approximate amount of the respective sweets purchased and consumed together with the symptoms of the sufferers.

Treacle Toffee (Arsenic 15 grains per lb.).

<i>Case.</i>	<i>Age.</i>	<i>Amount purchased.</i>	<i>Amount consumed.</i>	<i>Symptoms.</i>
1*	Adult	—	1 lump	Nausea and general malaise.
2	5½ years	2 ozs.	?	All vomited half an hour afterwards.
3	2½ years			
4	1 year			
5	Adult	—	1 small piece	Vomited less than 1 hour later and all night. Burning sensation in stomach.
6	13 years	2 ozs.	1 oz.	Vomited for 1 hour, ¼ to ½ hour after eating.
7	16 years	2 ozs.	A little	Sick in street after eating.
8	Adult	—	1 lump	Felt sick and numbed from head to foot. Bitter taste in mouth.
9	3 years	—	1 small piece	Vomited ½ to 1 hour after eating.
10	8 years	2 ozs.	?	Within half-an-hour vomited black frothy material on several occasions.

Amount of Toffee purchased approximately ... = 9 ounces.
 „ „ „ unconsumed and seized approxi-
 mately ... = 6½ lbs.
 „ „ consumed toffee unaccounted for ... = Nil.

* Doctor called in to treat.

Butter Drops (Arsenic 27 grains per lb.).

Case.	Age.	<i>Amount.</i>		<i>Symptoms.</i>
		<i>purchased.</i>	<i>consumed.</i>	
1*	15 years	4 ozs.	2-3 ozs.	Vomiting $\frac{1}{4}$ hour later. Violent vomiting and diarrhœa and stomach pains for two days.
2*	9 years	2 oz.	1 $\frac{1}{4}$ ozs.	Vomited 10 minutes later. Violent diarrhœa and stomach pains for two days.
3	6 years	—	1 sweet	Was sick.
4	Adult	—	A few sweets	Felt queer.
5	Adult	4 ozs.	A few	Sick the following morning.
6	Adult		A few	Queer feeling and diarrhœa next day.
7	5 years		Several	Vomited 1 hour later and all night.
8	2 years		Several	Vomited three hours later. Spat out several.
9	Adult	8 ozs.	A few only	Burning sensation in throat. Vomited twice.
10	Adult		A few	Vomited.
11	3 years		A few	Vomited 1 $\frac{1}{2}$ hours later. Sick all night.
12	7 years		Several	Vomited 1 to 2 hours later.
13	6 years		Several	Both very ill with vomiting and diarrhœa lasting through the night.
14	Adult		Several	
15	Adult	2 ozs.	3 sweets only	Bitter taste in mouth. Vomited 10 minutes later.
16	Adult		A few only	Felt tired and was sick during night.
17	6 years		Several	Vomited on and off for 2 days. Stomach pains.
18	4 years	2 ozs.	Several	Vomited for 1 $\frac{1}{2}$ days.
19	5 years	2 ozs.	2 ozs.	Half an hour later vomited for 12 hours. Also had diarrhœa
20	6 years	2 ozs.	1 oz.	Vomited 2 hours later for 4 hours. Rolling in pain during night.

Butter Drops (Arsenic 27 grains per lb.) *continued.*

Case.	Age.	Amount.		Symptoms.
		<i>purchased.</i>	<i>consumed.</i>	
21	Adult	4 oz.	Ate nearly all	Nausea 2½ hours later. Vomited 7 hours after eating. Vomiting lasted 5 hours. Diarrhœa also. Ill all next day.
22	Adult		A few	Vomiting and diarrhœa 2 hours later. Ill all next day.
23	10 years	2 ozs.	A few	Vomited 1 hour later for 2½ hours. Some diarrhœa.
24	9 years	—	Given a few	Vomited frequently during night.
25	13 years	—	Given several	Vomited during night. No diarrhœa.
26	Adult	—	Ate a few	Felt tired and done up.
27	5 years	—	Given a few	Violently sick soon afterwards.

In addition, 4 adults and 1 child who ate 1 sweet only presented no symptoms.

Amount of Butter Drops ascertained to have been

				purchased	...	= 2lbs.
"	"	"	"	unconsumed and seized		
				approximately	...	= 3½lbs.
"	"	"	"	presumably sold and un-		
				traced	... ..	= 1½lbs.

* Doctor called in to treat.

The following foodstuffs were surrendered voluntarily as being unfit for human consumption and were destroyed :—

Fish, 8 cwts. 17 lbs., Potatoes, 1 cwt., Tomatoes, 40 lbs.
Pears, 60 boxes.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

Monthly Incidence of Infectious Diseases Notified 1930.
(Not including Tuberculosis).

Month.	Diphtheria.	Encephalitis Lethargica.	Erysipelas.	Ophthalmia Neonatorum.	Pneumo- nia.		Puerperal Fever.	Puerperal Pyrexia.	Scarlet Fever.	Typhoid Fever.
					Primary.	Influenza.				
Jan. ...	9	—	—	1	—	—	—	1	5	—
Feb. ...	6	—	2	—	2	—	1	1	7	—
March ...	2	—	2	2	—	—	—	1	2	—
April ...	5	—	1	—	1	—	1	1	6	—
May ...	6	—	1	—	4	—	—	1	—	—
June ...	4	—	2	—	—	—	—	—	5	2
July ...	7	—	1	—	—	—	—	1	8	—
August ...	1	1	—	—	—	—	1	—	4	—
Sept. ...	5	—	—	1	1	—	1	1	3	—
Oct. ...	2	—	—	—	—	—	—	—	9	—
Nov. ...	1	—	—	1	—	—	—	—	7	—
Dec. ...	3	—	1	—	3	—	—	—	7	—
Totals ...	51	1	10	5	11	—	4	7	63	2

There were no cases notified of the following notifiable infectious diseases : Smallpox, Poliomyelitis, Influenzal Pneumonia, Cerebro-Spinal Fever, Malaria, Dysentery.

There were 51 notified cases of Diphtheria compared with 19, 9, 4, and 8 in the previous years respectively.

This increase was not unexpected and it is fortunate that the cases were sporadic in incidence as reference to the above table shows.

Almost every case was removed to the Isolation Hospital and there were no deaths of patients so treated.

The only death from the disease occurred in a home nursed case in which treatment was delayed.

Similarly with regard to Scarlet Fever the disease which remains mild in character was endemic, with sporadic cases each month.

There were no deaths among the 63 patients treated, 51 of whom were removed to the Isolation Hospital.

There were 2 cases of Enteric Fever notified, the causitive organism in each case being *Bacillus Paratyphoid B*.

These cases occurred in 2 boys in different houses at Shrewsbury School and the onset of the disease was a fortnight and three weeks respectively after returning to school from the Easter holidays. As these intervals come within the recognised incubation period it was presumed after careful elimination of possible local sources of infection, that infection took place during the holidays. Enquiries at their home addresses failed to ascertain the origin of the infection in either case.

The death rates per 1,000 population from the principle infectious diseases are given in the following table for England and Wales, etc., during 1930.

	Enteric fever.	Small- pox.	Measles.	Scarlet fever.	Whooping Cough.	Diph- theria.	Influ- enza.
England and Wales	0.01	0.00	0.10	0.02	0.05	0.09	0.12
107 Great Towns	0.01	0.00	0.15	0.02	0.05	0.10	0.11
159 Smaller Towns	0.00	0.00	0.08	0.01	0.05	0.07	0.13
SHREWSBURY	0.00	0.00	0.12	0.00	0.03	0.03	0.00

NOTIFIABLE DISEASES (OTHER THAN TUBERCULOSIS) DURING THE YEAR 1930.

NOTIFIABLE DISEASE.	NUMBER OF CASES NOTIFIED.													NUMBER OF DEATHS.													Total Cases. removed to Hospital.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
	At all Ages.	At Ages—Years												At all Ages.	At Ages—Years.								Under 1	1 to 2	2 to 3	3 to 4		4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 & Upwards.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																						
		Under 1	1 to 2	2 to 3	3 to 4	4 to 5	5 to 10	10 to 15	15 to 20	20 to 35	35 to 45	45 to 65	65 & Upwards.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																												
Small-pox

THE ISOLATION HOSPITAL.

The Isolation Hospital administered by the Shrewsbury and Atcham Joint Hospital Board is situated at Monkmoor, 2 miles from the centre of the town, in approximately 5 acres of grounds.

There is accommodation for 37 patients, though a few more could be admitted and nursed without overcrowding.

Patients are received into the Hospital from (1) Borough of Shrewsbury, (2) Atcham Rural District, (3) 18 districts in the County of Salop, (4) the County of Montgomery.

No charge is made for the maintenance and treatment of patients coming from the Shrewsbury or Atcham districts as the Hospital is provided by the Joint Hospital Board to serve these combined areas.

Patients admitted from other districts are paid for at the rate of £3/3/- per week.

Cases Admitted.

The total number of cases admitted during the year was 231; which is the largest number of admissions in the history of the hospital, 178 admissions in 1925 being the previous highest number.

The admissions from the different districts were as follows :—
Shrewsbury 120 cases, Atcham 32 cases, County of Salop 55 cases, County of Montgomery 24 cases.

In the middle of the year when Measles became epidemic in Shrewsbury, the Joint Hospital Board decided on a new policy of admitting cases of Measles, admission being restricted to those cases in which hospital treatment was desirable owing to unfavourable home circumstances.

The respective number of cases, the diseases for which they were admitted and the locality from which they were admitted are set out in the following table.

	Scarlet fever.	Diphtheria.	Measles.	Typhoid fever.	Erysipelas.
SHREWSBURY	55	49	15	—	1
Atcham Rural District	21	11	—	—	—
Shifnal	3	2	—	—	—
Ellesmere	3	3	—	—	—
Bishop's Castle	—	—	—	1	—
Oswestry	—	2	—	—	—
Ludlow	1	—	—	—	—
Dawley	1	6	—	—	—
Much Wenlock	—	1	—	—	—
Chirbury	—	2	—	—	—
Wellington	10	7	—	7	—
Whitchurch	1	4	—	—	—
Newport	1	—	—	—	—
County of Montgomery	3	19	2	—	—
Total	99	106	17	8	1

Revised Diagnosis.

Of the Scarlet Fever patients, one having been in contact with Measles before admission subsequently developed that disease in Hospital and similarly a child who had been exposed to Whooping Cough before admission suffered from both diseases concurrently.

A Diphtheria patient in contact with Measles before admission developed Measles shortly after admission.

These three cases had to have special isolation.

Of the remaining 228 patients admitted, 12 after due observation were found to be suffering from conditions other than that for which they were sent into Hospital, the revised diagnosis being as follows :—

REVISED DIAGNOSIS.

CONDITION FOR WHICH ADMITTED.

Tonsillitis

Diphtheria.

Quinsy

„

Diphtheria Carrier

„

Secondary Syphilis and

Diphtheria Carrier

„

REVISED DIAGNOSIS.	CONDITION FOR WHICH ADMITTED.
Nil	Scarlet Fever
Measles (3 cases)	„ „
Tonsillitis	„ „
Erythema	„ „
Drug Rash	„ „

Treatment.

Scarlet Fever.—The great majority of cases of Scarlet Fever were of a very mild type. There were no deaths among the 99 patients treated.

Scarlet Fever Antitoxin is given according to the clinical condition of the patient and not as a routine administration.

The following complications occurred in the course of the disease.

Rhinitis	9 cases.	Tachycardia	1 case.
Cervical Adenitis	5 „	Cardiac Irregularity	1 „
Otorrhœa	2 „	Albuminuria	1 „
Bradycardia	2 „	Quinsy	1 „
Sinusitis	1 case.	Strabismus	1 „

There were no cases of Nephritis.

Diphtheria.—Of the 106 patients treated 5 died. There were no deaths among the 49 Shrewsbury cases.

The following complications occurred in the course of the disease.

Palatal Paralysis	5 cases.	Tonsillitis	1 case.
Pharyngeal „	4 „	Glosso Pharyngeal	
Cardiac „	2 „	Paralysis	1 „
Cardiac Irregularity	2 „	Lower Limb Paralysis	2 cases.
		Otorrhœa	3 „

Typhoid.—Seven of the eight cases of Typhoid Fever occurred among the members of two families living close together in a rural district in the County of Salop.

They were all seriously ill and three of them died, one from a very fatal form of the disease known as Hæmorrhagic Typhoid.

Measles.—The policy of admitting severe cases of Measles proved to be most successful, seeing that of the 17 cases treated many of whom were not expected to survive by the doctors or parents who asked for their removal to Hospital, all eventually recovered.

One child lost the sight of one eye as a result of a Corneal ulcer, 4 cases developed Pneumonia, 2 Otorrhœa, 1 Nephritis and 1 Empyema.

Operations.—The work done by the Ear, Nose and Throat Specialist consisted of the following operations under a general anæsthetic.

Tracheotomy	4 cases.
Removal of Tonsils and Adenoids	2 cases.
Removal of Adenoids	1 case.

Return Cases.—There was one return case of Scarlet Fever from the 99 Scarlet Fever patients which gives a return case rate of 1.0 compared with 1.2, 3.0 and 4.0 in the previous years respectively.

There were no return cases in respect of Diphtheria.

Cross Infection.—Although with limited accommodation and a great number of patients, as well as the nursing of a highly infectious disease, namely Measles, there was not a single case of one infection being transmitted to patients suffering from a different infection.

Duration of Stay.—Mild and uncomplicated cases of Scarlet Fever are usually discharged from hospital at the end of 4 weeks from the day of onset of the disease.

In Diphtheria and Typhoid the detention in Hospital is dependent on the clinical state of the patient as well as the disappearance of the infecting bacillus as demonstrated by bacteriological investigation.

The average duration of stay of patients was as follows :—

Scarlet Fever	...	27 days.
Diphtheria	...	25 days.
Measles	...	12 days.
Typhoid	...	40 days.

Health of Staff.

The nursing Staff, consisting of a Matron and six nurses, have maintained good health during the year and contracted no diseases from the patients nursed.

Conditions of work have been improved in that 2 night nurses are now permanently on duty instead of 1 as in previous years.

The following preventive inoculations were performed during the year :—

Schick Test for Diphtheria, 1 Nurse, 3 Domestic Staff.

Dick Test for Scarlet Fever, 2 Nurses.

Anti-Typhoid and Paratyphoid inoculations, 1 Nurse.

Deaths.

There were 8 deaths among 231 patients, giving a mortality rate of 3.5 per cent.

There were no deaths of patients from the Shrewsbury or the Atcham Rural District.

The deaths that occurred among the patients from outside districts were due to the following conditions :—

Typhoid Fever, 3 cases. Diphtheria, 5 cases.

Of the Typhoid deaths, one was from Hæmorrhagic Typhoid, a rather rare but very fatal form of the disease, and one patient died quite suddenly during the latter stages of convalescence.

Two of the Diphtheria deaths followed the operation of Tracheotomy, one case died of Hæmorrhagic Diphtheria and 2 cases of Heart Failure.

Summary.

In a year that was a busy one, it is satisfactory to record a low death rate, a complete absence of cross infection and a low return case rate. For this state of affairs great credit must be given to the Matron and the Nursing Staff. At the moment the Hospital has a good all round reputation and everything is done to make patients happy and comfortable during their enforced absence from home.

TUBERCULOSIS.

Reference to the Register of Cases of Tuberculosis at the end of the year shows that 1.1% of the population of the town are notified cases of Tuberculosis.

In other words there are 361 notified cases of Tuberculosis of which 205 are cases of Pulmonary Tuberculosis and 156 are cases of Non-Pulmonary Tuberculosis.

The sex distribution is shown in the following table :—

Notified Cases of Tuberculosis.

	Pulmonary.	Non-Pulmonary.
Males	103	69
Females	102	87
Total	205	156

During the year there were 23 deaths from all forms of Tuberculosis ; the death rate for Tuberculosis being 0.7 per 1,000 population.

Of the 23 deaths, 19 were due to Phthisis or Pulmonary Tuberculosis which gives a Phthisis death rate of 0.58 per 1,000 persons.

The following table gives the number of new cases of Tuberculosis notified during the year, together with the deaths.

Tuberculosis.

Age Periods.				New Cases.				Deaths.			
				Pulmonary.		Non-Pulmonary.		Pulmonary.		Non-Pulmonary.	
				M.	F.	M.	F.	M.	F.	M.	F.
0 to 1	...	...	...	—	—	—	—	—	—	—	—
1—5	...	...	...	—	—	3	—	—	—	—	—
5—10	...	...	...	—	—	1	3	—	—	—	1
10—15	...	...	...	—	1	—	1	—	—	—	—
15—20	...	...	...	—	4	2	1	2	—	—	—
20—25	...	...	...	5	3	2	1	2	2	1	1
25—35	...	...	...	1	1	—	—	1	2	—	—
35—45	...	...	...	5	3	—	—	5	1	—	—
45—55	...	...	...	2	4	—	—	2	2	—	—
55—65	...	...	...	—	—	—	—	—	—	—	—
65 and upwards	...	...	...	1	—	1	—	—	—	—	1
Totals ...				14	16	9	6	12	7	1	3

Of the 23 deaths from Tuberculosis 3 or 13% were not notified before death.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

It was not found necessary to take any action under the above regulations during the year.

Public Health Act, 1925, Section 62.

Action was contemplated in one case under the above section but eventually alternative procedure for dealing with the case was adopted.

NON-NOTIFIABLE ACUTE INFECTIOUS DISEASES.

Of the non-notifiable infectious diseases Mumps, Measles and Chickenpox were most prevalent, 517, 421 and 143 cases of the above mentioned diseases respectively having been reported as occurring among elementary school children alone.

In addition 67 school cases of Whooping Cough were reported.

There were 4 deaths due to Measles, all of them being children of 1 year of age or under, and 1 death from Whooping Cough in an infant under 1 year.

As soon as the Measles epidemic started in June, the Shrewsbury and Atcham Joint Hospital Board as a new policy decided to admit to their Isolation Hospital cases of Measles whose home circumstances were such that Hospital treatment was desirable.

Medical practitioners were circularised to this effect and 15 cases were admitted with recovery in every case, as mentioned in the section of this report dealing with the Isolation Hospital.

There was no epidemic of Influenza during the year.

BACTERIOLOGICAL WORK.

The following work was carried out during the year.

					Number. Positive. Negative.		
Diphtheria	{	Swabs from Isolation Hospital	959	91	868		
		Swabs from School cases and contacts	...	...	166	21	145
		Swabs sent by Local Doctors	214	31	183		
Tubercle Bacillus		Specimens of sputa examined	...	...	9	1	8
Vincent's Angina		...	...	...	2	1	1

The undermentioned specimens from the Borough and paid for under the County Council Scheme were sent to the University of Birmingham for examination.

					Positive.	Negative.
Sputum for Tubercle Bacillus	...	...	...	...	7	39
Swabs for Diphtheria	...	...	...	...	1	1
Widal's reaction for Typhoid Fever	...	...	...	...	1	7
Fæces and Urine for Typhoid Fever	...	...	...	...	—	12

Bacteriological investigations of a simple nature only, are undertaken in the Borough Laboratory and consist chiefly of the culture and examination of Diphtheria swabs, examination of specimens of sputa for Tubercle Bacilli, specimens of blood from the Abattoir for Anthrax, and bacteriological culture of water samples for the purposes of bacterial counts.

DISINFECTION.

The steps which were taken with a view to providing a Disinfecting station mentioned in last year's report, have not so far materialised.

It cannot be stated to be a matter of great urgency, but in a town of this size it would be a useful asset.

Appended is a summary of the work done by the Sanitary Inspectors in respect of Infectious diseases and disinfection work.

Visits made in connection with infectious disease	250	
Cases removed to Hospital by Inspectors	...	17
Disinfection carried out after	<div> <div> <div>Tuberculosis</div> <div>Scarlet Fever (Home nursed cases)</div> <div>Diphtheria</div> <div>Other diseases</div> </div> <div> <div>...</div> <div>...</div> <div>...</div> <div>...</div> </div> <div> <div>...</div> <div>...</div> <div>...</div> <div>...</div> </div> <div> <div>25</div> <div>5</div> <div>—</div> <div>3</div> </div> </div>	<div> <div>25</div> <div>5</div> <div>—</div> <div>3</div> </div> <div>33</div>

Disinfection of 40 houses was carried out subsequent to floods.

Five houses were fumigated, sprayed or otherwise treated in an attempt to get rid of bugs.

MATERNITY AND CHILD WELFARE.

The amount of work that has been done during 1930 under the Maternity and Child Welfare Scheme was greater than in any previous year.

This condition of affairs is all the more satisfactory seeing that fewer babies are being born each year, so that in a sense there is or will be a decreasing amount of material to work with.

The present situation seems to point to the fact that parents and prospective parents (expectant mothers) are increasingly appreciative of the services which are provided for their guidance and assistance.

In order to illustrate the steady growth of Maternity and Child Welfare work the following table dealing with the past five years has been prepared.

Maternity and Child Welfare Work during the past 5 years.

	1926.	1927.	1928.	1929.	1930.
Number of Births ...	588	598	552	552	538
Attendances of Expectant Mothers at Ante-Natal Clinic	206	191	240	264	365
Attendances of Children at Welfare Centre	3,386	3,559	3,911	3,737	4,183
Total Visits by Health Visitors	8,437	8,874	8,988	10,777	11,863
Visits by Health Visitors to Children of 1—5 years	2,691	3,042	3,021	5,009	6,497
Dental Treatment given to { Mothers ...	27	14	20	18	34
{ Children ...	3	3	9	14	25

It is evident from the above figures that the expansion of work is taking place in those directions in which experience has shown there to be the greatest need, and they are (1) Ante-Natal work, (2) Supervision of the Pre-School child of 1 to 5 years of age.

It will be noticed that there is a jump in the figures relating to these two branches of the work during the last two years of the 5 year period. This is not due to increased zeal or activity of the Health Visiting Staff, but is accounted for by the appointment of a third Health Visitor in the middle of 1929. The appointment was made for the specific purposes already alluded to and the results achieved have fully justified the action taken.

During the year under review two cases in the same family of gross deformity of the spine due to rickets, necessitating treatment at the Orthopædic Hospital were discovered. On investigation as to why the negligent parent of these children, who had never

bothered to seek advice or attend the Welfare Centre, had not been visited, it turned out that owing to the inadequacy of the staff previous to 1929, it had not been possible to supervise in a proper manner children who had passed the age of 2 years.

In all probability if these two children had been discovered earlier by a Health Visitor and had attended the Welfare Centre regularly where assistance in the form of Milk or Cod Liver oil could have been provided, the onset of Rickets might have been prevented, whereas when the damage was done and Hospital treatment was urgently necessary, the cost of the treatment of these two children amounted to £112.

The work done during the year is set out in the following series of tables and summaries.

Visits of Health Visitors, 1930.

	Ante-Natal Visits.	Under 1 year.		1—5 Years Visits.	Infant Death Enquiries.	Still-birth Enquiries.	Home Nursing	Totals.
		First Visits.	Return Visits.					
January ...	36	26	131	133	5	—	—	331
February ...	111	42	402	792	1	—	—	1348
March ...	119	51	537	995	4	1	7	1714
April ...	85	46	390	549	1	—	6	1077
May ...	95	45	516	714	2	4	1	1377
June ...	52	28	157	251	—	—	4	492
July ...	35	19	31	33	2	1	—	121
August	49	54	120	152	2	—	5	382
September	77	41	431	759	5	1	2	1316
October ...	77	33	318	782	4	2	—	1216
November...	113	45	458	870	2	—	12	1500
December	90	41	381	467	—	—	10	989
Total ...	939	471	3872	6497	28	9	47	11863

The method of feeding of infants, as ascertained at the first visit, is indicated below :—

Breast.	Bottle & Breast.	Bottle Fed.	Artificial Food.	Not investigated.	Died before Fed.	Total.
396	17	24	11	102*	12	562

* Of this number 70 were born in Shrewsbury, but live outside the Borough boundaries.

Some of the children who were breast fed on the occasion of the first visit had a change of feeding later and the number and length of time breast fed were as follows :—

Total Children observed.	Left after 1st Visit.	1 week	2 weeks	3 weeks	4 weeks	5 weeks	6 ½ weeks	2 months	3 months	4 months	5 months	6 months & over.
394	10	11	11	6	13	4	13	30	21	17	10	248

As it has been found by experience that many mothers on resuming their household duties after their confinement find that their supply of breast milk begins to fail and without seeking advice, resort to artificial feeding, the following leaflet was drawn up and is issued by Health Visitors to nursing mothers as soon after confinement as possible.

BOROUGH OF SHREWSBURY.

MATERNITY AND CHILD WELFARE COMMITTEE.

BREAST FEEDING.

Breast milk is your baby's birthright and is the best form of nourishment provided you are yourself healthy and eat the right amount and sorts of food.

Human breast milk in appearance looks thin, watery and bluish and more like skimmed milk, but it does not mean that it is poor in quality.

If your baby cries at times or has wind it does not necessarily mean that your milk is insufficient. All babies get wind, and excessive wind is most often due to overfeeding or irregular feeding.

If therefore, you think that your breast milk does not suit the baby or that he or she is not coming on, do not stop breast feeding but consult a doctor.

Babies are most frequently taken off the breast soon after the mother gets about again after her confinement. **At this particular time the breast milk often decreases in amount temporarily**, but it will come back again in a short time. It may be necessary to give a small bottle feed **after** each breast feed at this time, but it is entirely wrong to give alternate breast and bottle feeds. If the baby is put to the breast as usual, regularly every 3 hours, the breast milk will come back to normal and the small bottle feed can be discontinued.

Grief, Anxiety, Worry or the reappearance of the monthly period are other causes which may temporarily upset the breast milk, but these things pass and when they do the breast milk supply will readjust itself.

To increase the supply of Breast milk you should adopt the following measures.

1. Put the baby to both breasts regularly every 3 hours.
2. Take some outdoor exercise daily.
3. See that the bowels are regular. Eat laxative foods such as fruit, vegetables, brown bread.
4. Drink plenty of water. It is a good plan to drink a glass of water each time before you feed baby.
5. Take your ordinary meals daily, but do not eat between meals or have extra meals. Always include butter, vegetables, fruit and 1 pint of milk in some form.
6. If possible have a short rest with the feet up in the afternoon.
7. Stimulate the breasts by hot and cold sponging daily as follows:—
Take two bowls, one with hot and one with cold water and a separate sponge or cloth in each; bathe each breast first with the cold water and then with the hot, moving quickly from one to the other. Dry with a rough towel rubbing the breasts from the base towards the nipples, supporting the breast with one hand.

A. D. SYMONS, M.D.,

Health Centre,
Murivance,
Shrewsbury.

Medical Officer of Health.

WELFARE CENTRE.

			Under 1 year.	1—5 years.	Expectant Mothers.
New Cases	{	Borough ...	240	89	62
		County ...	27	11	
Old Cases	{	Borough ...	71	244	20
		County ...	—	6	
Total Attendances ...			2117	2066	162

The amount of work done at each session may be gauged from the following average number :—

Average attendance of Mothers each afternoon	...	33
„ „ „ Children „ „	...	41
„ number of children medically examined	...	27

(The above average numbers include mothers and children resident outside the Borough).

Other activities may be summarised as follows :—

Number of Mothers who received Dental treatment...	...	34
„ „ Children who received Dental treatment	...	25
„ „ Dentures supplied to expectant or nursing mothers	... ..	10
„ „ Children referred to Eye, Ear & Throat Hospital		6*
„ „ Children referred to Cripple Care Centre	...	8*
„ „ Children treated at Minor Ailment Clinic	...	62
„ „ Children admitted to Orthopædic Hospital	...	3
„ „ Children referred to Doctors or Infirmary	...	16*
„ „ Cases referred to Relieving Officer	... ..	8
„ „ Children under 3 years receiving Free Milk	...	48
„ „ Expectant Mothers „ „ „	... ..	9
„ „ Nursing mothers receiving Free Milk	... ..	44
„ „ Cases admitted to Maternity Home	... ..	26

* Conditions for which children were referred for treatment.

Eye, Ear and Throat Hospital.—Squint (4 cases), Adenoids (1 case), Ear Discharge (1 case).

Cripple Care Centre.—Knock Knee (3 cases), Flat Foot (3 cases), Rickets (1 case), Congenital deformity of finger (1 case).

Doctors or Royal Salop Infirmary.—Hernia (3 cases), Pneumonia (1 case), Worms (1 case), Abscess (1 case), Circumcision (1 case), Debility after Measles (1 case), Marasmus (1 case), Ulcerated Buttocks (1 case), Angioma (1 case), Mammary abscess (1 case), Meningocele (1 case), Nævus (2 cases), Dyspepsia (1 case).

Reference must be made as in previous years to the invaluable assistance given by many ladies, some of whom belong to a Voluntary Society known as the School for Mothers Committee, who attend the Welfare Centres and Ante-Natal Clinics regularly.

Official activities are tending to overshadow voluntary effort in many directions, but there will always be a need and a welcome for voluntary helpers, whose help in attending to many of the routine and necessary details relieves the permanent officials, and enables them to concentrate on the more technical aspects of the work which is carried out.

INFANT LIFE PROTECTION.

Under Sec. 2 (a) of the Local Government Act 1929, which came into force on April 1st, 1930, it became the duty of the Maternity and Child Welfare Committee as delegated to them by the Town Council to take over from the late Board of Guardians the responsibility of registering and supervising infants up to the age of 7 years, who are received for reward by foster parents.

At the commencement of this new work the registers contained the names of 18 persons who were maintaining 23 infants for reward.

It is now part of the work of the 3 Health Visitors to visit the homes where these children are maintained and to report on any circumstances which may be adverse to the welfare of the child.

When a prospective foster parent notifies the Medical Officer of Health, who was appointed by the Town Council as the responsible officer for the administration of this branch of Welfare work, a visit and subsequent report by a Health Visitor is made to him on the suitability of the home or the foster parents and action is taken accordingly.

During the year 6 applications for registration were received of which 5 were granted by the Committee and 1 was refused.

With regard to the grounds of refusal in the above case it would seem that there is a method by which the Act can be evaded.

Application for registration in this particular case was refused because the 2 infants were to be maintained in a very unsuitable house which is on the condemned list for eventual demolition. This house which faces north, has 1 living room and 1 bedroom. There is no through ventilation, no larder, no water supply and no garden or proper yard.

The applicant was informed that registration could not be granted and that if she continued to receive payment from the respective parents she would be liable to prosecution.

She promised to cease receiving payment, but retained the children. It would be a very difficult matter to prove that she was or was not continuing to receive payment, and it would appear therefore that in this way evasion can be practised.

Ante-Natal Clinic.

Owing to the gradual increase of attendances, an extra session was added during the year, so that now 3 weekly sessions per month are held.

The following figures show the work that has been done :—

Number of sessions held	...	...	...	33
Number of patients examined Ante-Natally	197*	}	204	
Post Natally	7*			
Total number of attendances	...	...	...	365*

* 59, 2, and 86 respectively of these numbers refer to women resident outside the Borough.

Of the 143 Borough patients examined, the reference of the patients to the Ante-Natal Clinic was brought about as follows :—

<i>By whom referred.</i>	<i>For Ante-Natal Examination.</i>			<i>For Post Natal Examination.</i>
Doctors	14	2
Midwives	20	—
Health Visitors	58	1
Own Initiative	46	2

Of the 138 women examined Ante-Natally, 98 were known to have been confined during the year and the results of the confinements were as follows.

Number of Live Births	...	...	...	...	...	94
„ „ Stillbirths	...	...	...	...	...	2
„ „ Miscarriages	...	...	...	...	...	2
No record of birth (<i>e.g.</i> , Left town, etc.)	...	...	...	...	...	15
Not yet confined	...	...	...	...	...	25
Confinements at own home	...	...	...	...	...	53
„ „ Royal Salop Infirmary	...	...	...	...	...	17
„ „ Maternity Home	...	...	...	...	...	28
Deaths as a result of or following confinement	...	...	...	...	...	Nil
Cases of Puerperal Fever or Pyrexia after confinement	...	...	...	...	...	Nil

There are certain features of the work of the Ante-Natal Clinic which are deserving of comment and for convenience they may be summarised, as well as set out in table form as follows :—

1. The attendances are increasing.
2. Many more women are seeking advice on their own initiative.
3. The co-operation of Doctors and Midwives is becoming closer.
4. Seventeen women were referred from the Ante-Natal Clinic for confinement at the Royal Salop Infirmary, where accommodation is provided for abnormal or potentially abnormal cases.
5. There were no Maternal deaths or cases of Puerperal Fever or Pyrexia in patients who had been examined at the Ante-Natal Clinic.

The first three features can be shown in tabular form, thus :—

		1926	1927	1928	1929	1930
Attendances at Ante-Natal Clinic		206	191	240	264	365
Reference to Clinic :	By Doctors ...	—	1	8	6	14
	By Midwives	—	10	6	8	20
	By Health Visitors	—	87	71	63	58
	Own Initiative ...	—	8	13	27	46

Maternity Home.

Mothers whose home circumstances are such that confinement is impossible or inconvenient owing to insufficient accommodation can be admitted by ambulance to the Maternity Wards at Berrington Hospital situated $4\frac{1}{2}$ miles from Shrewsbury.

All patients admitted are examined at the Ante-Natal Clinic or by their own doctors prior to admission, and they make payment towards the cost of maintenance which is £2/2/- per week, according to the family income, the sum arrived at, half of which has to be paid up before admission, being agreed upon by the patient, her husband and the Medical Officer of Health.

Under this scheme 26 patients were admitted for confinement and this number would have been still larger were it not for the fact that certain patients are diverted to the Royal Salop Infirmary in anticipation of a confinement which may not be quite normal.

Maternity cases were first sent to Berrington Hospital, which was then a Poor Law Institution administered by the Guardians, in April, 1927, and the change over from the small Maternity Home belonging to the Victoria Nursing Association to the above mentioned Institution was not popular owing to the Poor Law stigma which associated itself in people's minds.

In commenting on this attitude in my Report for 1928, the following statement was made, "The disinclination to seek admission to this Maternity Home owing to its association with a Poor Law Hospital is declining as a result of favourable impressions received by those who have been treated there, the knowledge of which is spreading slowly throughout the town, it will be found by the time the next report is written that a larger number of women have availed themselves of the facilities provided."

This estimate has been confirmed seeing that the numbers admitted have doubled themselves in each succeeding year, being 7 in 1928, 14 in 1929, and 26 in 1930.

The Incidence of Infectious Diseases among Parturient Women.

During the year 4 cases of Puerperal Fever and 7 cases of Puerperal Pyrexia were notified. There were 2 deaths, one being that of a Shrewsbury woman, the other of a woman whose residence was elsewhere.

Of the 11 notified cases, 10 were either in Hospital at the time of notification or were admitted after notification, and of the number so treated 5 were Shrewsbury cases and 5 were patients who had come into the town for their confinements.

OPHTHALMIA NEONATORUM.

The incidence and disposal of cases of Ophthalmia Neonatorum is set out in the following table :—

Cases.			Vision unim- paired.	Vision impaired	Total Blind- ness.	Deaths.
Notified	Treated.					
	At Home	In Hospital				
5	4	1	5	—	—	—

ADOPTIVE ACTS, BYELAWS AND LOCAL REGULATIONS,

with date of adoption :—

Public Health Acts (Amendment) Act, 1890. Adopted 1908.

Infectious Disease (Prevention) Act, 1890. Adopted 1909.

Public Health Acts (Amendment) Act, 1907. Adopted 1912.

Public Health Act, 1925. Adopted February, 1927.

Byelaws with respect to Slaughterhouses. Adopted 13th Feb., 1888.

Byelaws with respect to Nuisances in the Borough. Adopted 28th Aug., 1905.

Byelaws with respect to Common Lodging Houses. Adopted 13th Aug., 1906.

Byelaws with respect to Public Slaughterhouses. Adopted 16th Oct., 1911.

Byelaws and Amended Byelaws with respect to Public Slaughterhouses. Adopted 26th Nov., 1919.

Byelaws with respect to New Streets and Buildings. Adopted 22nd June, 1877. Revised 9th October, 1923.



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